

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, January 29, 2010 at the hour of 7:30 A.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Batts called the meeting to order.

Present: Chairman Warren L. Batts and Directors David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; Luis Muñoz, MD, MPH and Heather E. O'Donnell, JD, LLM (7)

Absent: Vice Chairman Jorge Ramirez and Directors David A. Ansell, MD, MPH; Hon. Jerry Butler and Andrea Zopp (4)

Additional attendees and/or presenters were:

Michael Ayres	Emilie Junge	John Raba, MD
Leslie Curtis	Roz Lennon	Elizabeth Reidy
Patrick T. Driscoll, Jr.	Edward Linn, MD	Deborah Santana
William T. Foley	Enrique Martinez, MD	Deborah Tate
Jeanene Johnson	Terry Mason, MD	Anthony J. Tedeschi, MD, MPH, MBA
Randolph Johnston	Elizabeth Melas	Sidney Thomas

## **II. Public Speakers**

Chairman Batts asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore      Concerned Citizen
2. Leslie Curtis          Midwest Director, National Nurses Organizing Committee

## **III. Report from Chairman of the Board**

### **A. Board Education – Performance Improvement Overview**

William T. Foley, Chief Executive Officer of the Cook County Health and Hospitals System, introduced the item by stating that the Office of Performance Improvement was created (on a non-permanent basis) in order to improve operations and quality through the coordination of the consultants currently working for the System. Additionally, he stated that the overview provided by Jeanene Johnson, Director of the Office of Performance Improvement, will provide further insight into how it ties into the overall performance improvement plan implementation for the System.

Ms. Johnson presented the overview (Attachment #1). The Board reviewed and discussed the information. Topics discussed included those regarding dashboards, information-sharing, process-building and implementation. Additionally, discussion took place on the performance improvement benefit summary provided as part of the information.

With regard to information-sharing and dashboards, Director O'Donnell inquired whether this information is being distributed beyond the Board and top leadership. Mr. Foley responded affirmatively; he stated that it is being driven down through all levels of management. He noted the importance of this, because the dashboard is a tool to hold people accountable for timely information and performance. With regard to Director Greenspan's inquiry of whether the dashboard can evolve into a tool that can be widely distributed and be useful to all System employees, Ms. Johnson responded that she agrees that his suggestion is important and should be a goal.

### **III. Report from Chairman of the Board**

#### **A. Board Education – Performance Improvement Overview (continued)**

Discussion took place on the subject of the Quality and Patient Safety Committee, and how it uses performance improvement information for quality improvement throughout the System. Mr. Foley stated that a report can be given on the Committee's work with regard to this subject, and noted that they are structuring quality and patient safety as a System function. They have begun the recruitment efforts for a System Director of Quality and Patient Safety that will report to Dr. Terry Mason, System Chief Medical Officer. He added that the other component of this is a System risk management function, and noted that they are currently interviewing final candidates for this function.

### **IV. Report from Chief Executive Officer**

#### *Update on System Relief Efforts for Haiti*

Mr. Foley provided an update on County and System activities relating to relief efforts for Haiti, following the devastating earthquake that occurred on January 12, 2010. He stated that the System is working closely with the County. The County has made commitments with regard to supplies, equipment and staff; System management agreed to support these efforts by funding up to ten employees up to ten days each to go to Haiti to help with relief efforts. It is his understanding that the unions are paying for the travel expenses. He noted that System staffing needs were key to the discussions on the subject; additional personnel may be granted leave to go, but it must be approved by the appropriate management based on staffing coverage needs here. He added that this travel must be through a recognized relief effort, and a waiver of liability must be signed for those traveling.

Leslie Curtis, Midwest Director of the National Nurses Organizing Committee, provided additional information on these efforts coordinated through the unions. She stated that they are required to work with a federal government agency, and they are awaiting System approval now that the required documentation has been submitted. Once they receive System approval, tickets will be purchased and coordination will take place with the U.S. Navy to get the individual(s) on the U.S.S. Comfort. She added that there are immunization requirements.

Emilie Junge, representing the Doctors Council SEIU, stated that with regard to physician participation in these efforts, they are working with the IMC (International Medical Corps), and are coordinating for physicians at both Rush and John H. Stroger, Jr. Hospital of Cook County.

#### *Year-End Revenue Summary*

Mr. Ayres presented a year-end revenue summary (Attachment #2), and provided an overview of the information.

Chairman Batts inquired regarding the number of patients being treated. He noted that System revenue cycle activities have improved, and asked whether more patients are being treated as a result of these efficiencies. Mr. Ayres responded that the year-end financials are expected to be presented at the next Finance Committee meeting; this should provide the answer to Chairman Batts' question.

Dr. Mason noted that at a recent medical staff meeting for John H. Stroger, Jr. Hospital of Cook County, data was presented that indicates admissions and emergency room visits trending up. Additionally, Dr. Enrique Martinez, Chief Medical Officer of the Ambulatory and Community Health Network of Cook County (ACHN), stated that until 2006, ACHN clinics had 750,000 visits per year. Then, as a result of the budget cuts in 2007, visits in 2007 and 2008 decreased to 600,000. In 2009, the visits increased to approximately 640,000; this year they expect the visits to increase to approximately 670,000 or more.

#### **IV. Report from Chief Executive Officer (continued)**

##### *Miscellaneous*

Mr. Foley provided copies of a confidentiality notice, and asked Elizabeth Reidy, System General Counsel, to explain the purpose of the notice.

Ms. Reidy stated that, as the System is unique as a public body because it has protected health information included in some of its meetings, including those of the Quality and Patient Safety Committee, it was deemed prudent to issue a confidentiality notice as an educational tool for those individuals who are permitted to remain present during closed session meetings, as a reminder that certain information is required to be kept confidential.

##### **A. FY2010 System Operational Plan**

Dr. Anthony Tedeschi, Interim Chief Operating Officer for the Cook County Health and Hospitals System, presented the FY2010 System Operational Plan (Attachment #3). He stated that the operations plan is a series of eighty-seven goals within operations for this fiscal year. He noted that the performance improvement efforts outlined by Ms. Johnson link into this plan, and the leadership goals presented by Mr. Foley are also incorporated.

The Board reviewed the information. Dr. Tedeschi stated that monthly updates on the plan will be provided to the Board, and there will be opportunities to periodically present detailed information on completed goals, or to provide updates on those goals that may be more complex or problematic in nature.

##### **B. System Leadership Goals**

Mr. Foley presented the goals for System leadership for this next year (Attachment #4), and highlighted several areas of interest.

Director Lyne noted that medical education relationships should be included in the list of goals. Mr. Foley agreed, and stated that it would be included.

##### **C. Strategic Plan Update**

Mr. Foley provided an update on strategic planning, and provided a detailed list of tasks (Attachment #5) expected to be accomplished over the next few months, which will lead to a recommendation of a strategic plan in June. He noted that within the minutes of the Finance Committee there is a recommendation for an extension of the contract with Integrated Clinical Solutions (ICS), which will allow for the facilitation and support of strategic planning efforts.

Mr. Foley stated that John Abendshien of ICS will present a strategic plan update at the Board's next meeting in February. Additionally, with regard to the Board's meeting in March, he is recommending that the meeting be abbreviated, and followed by a Strategic Planning retreat.

Director Lyne requested additional information on efforts towards productivity measurement and improvement. Mr. Foley noted that there are several ongoing activities relating to this, such as Ms. Johnson's work on performance improvement and the management assessment process. Ms. Johnson stated that over the next month, she expects to have a first-cut of a dashboard with this type of information.

**IV. Report from Chief Executive Officer**

**C. Strategic Plan Update (continued)**

Mr. Foley stated that the productivity piece is a key component in the next phase of performance improvement. He provided a brief update on the status, stating that three vendors responded to the Request for Proposals.

Additionally with regard to productivity, Dr. Tedeschi noted that there has been a transformation of work at Oak Forest Hospital of Cook County, with the assistance of its Chief Operating Officer Sylvia Edwards. There have been significant improvements in productivity; he stated that he can provide an update on this subject to the Board at a future meeting.

Director Greenspan inquired regarding the subject of data relating to full-time equivalent employees (FTEs) per adjusted occupied bed. Michael Ayres, Chief Financial Officer of the Cook County Health and Hospitals System, stated that the reports with this information will be produced by next month on an operating unit level.

Parallel with the work being done for the strategic plan, Mr. Foley presented information on a proposal for a joint project with the University of Chicago Medical Center (UCMC) and Provident Hospital of Cook County (Attachment #6). He emphasized that, at this point, this is only relating to an assessment and exploration of the feasibility of such an arrangement. He expects to have an item on the next Finance Committee agenda relating to this, with a recommendation to jointly fund with UCMC an assessment of a possible collaboration. He stated that there were six firms selected for this assessment, and noted that the System and UCMC did not want to consider any firms with existing ties to either entity. A joint team from each organization evaluated the firms and recommended Health Strategies & Solutions for the assessment.

**V. Board and Committee Reports**

**A. Minutes of the Board of Directors Meeting, December 18, 2009**

Director Greenspan, seconded by Director O'Donnell, moved the approval of the minutes of the Board of Directors Meeting of December 18, 2009. THE MOTION CARRIED UNANIMOUSLY.

**B. **\*\*Minutes of the Quality and Patient Safety Committee Special Meeting, December 30, 2009****

Director Muñoz, seconded by Director Lyne, moved the approval of the minutes of the Quality and Patient Safety Committee Special Meeting of December 30, 2009. THE MOTION CARRIED UNANIMOUSLY.

**C. **\*\*Minutes of the Human Resources Committee Meeting, January 19, 2010****

During the presentation of the minutes of the meeting, one of the subjects discussed at the meeting was the creation of the position of Director of Multicultural Affairs. Director Carvalho stated his objection to the creation of the position. He stated that he agreed with Director Lyne, who at the Committee meeting indicated her opposition to this; he stated that it should be embedded in the organization in all of the different functions that exist, and to the extent that it is not, it should fall under Human Resources.

**V. Board and Committee Reports**

**C. \*\*Minutes of the Human Resources Committee Meeting, January 19, 2010 (continued)**

It was noted that the item contained in the minutes was for informational purposes only; there was no formal Committee action taken. Chairman Batts inquired of the Board whether there were any other Directors who felt strongly one way or another on the subject. Director Muñoz stated that he was in favor of the creation of the position.

Director Carvalho, seconded by Director Muñoz, moved the approval of the minutes of the Human Resources Committee Meeting of January 19, 2010. THE MOTION CARRIED UNANIMOUSLY.

**D. Minutes of the Quality and Patient Safety Committee Meeting, January 19, 2010**

Director Muñoz, seconded by Director Golden, moved the approval of the minutes of the Quality and Patient Safety Committee Meeting of January 19, 2010. THE MOTION CARRIED UNANIMOUSLY.

**E. Minutes of the Finance Committee Meeting, January 22, 2010**

During the presentation of the minutes of the meeting, Director Carvalho restated his abstentions on request numbers 4, 5, 6, 7 and 36 under the Contracts and Procurement Items contained within the minutes.

Director Carvalho, seconded by Director Muñoz, moved the approval of the minutes of the Finance Committee Meeting of January 22, 2010. THE MOTION CARRIED UNANIMOUSLY.

**F. Minutes of the Audit and Compliance Committee Meeting, January 22, 2010**

Director Muñoz, seconded by Director Lyne, moved the approval of the minutes of the Audit and Compliance Committee Meeting of January 22, 2010. THE MOTION CARRIED UNANIMOUSLY.

**VI. Recommendations, Discussion/Information Item**

**A. Proposed Resolution – Honoring John M. Raba, MD**

This item was taken out of order, and was considered during the Report from the Chairman of the Board. The resolution (Attachment #7) was read into the record, and the Board thanked Dr. Raba for his hard work and efforts as the System's first Chief Medical Officer.

Director Greenspan, seconded by Director O'Donnell, moved the approval of the proposed Resolution honoring John M. Raba, MD. THE MOTION CARRIED UNANIMOUSLY.

## **VII. Action Items**

### **A. Contracts and Procurement Items (Attachment #8)**

### **B. Any items listed under Sections V, VI, VII and VIII**

Elizabeth Melas, of the Cook County Office of Capital Planning and Policy, presented information on the two capital program items presented for consideration. Additional discussion took place and information was provided with regard to the parking garage expansion project for John H. Stroger, Jr. Hospital of Cook County.

Director Carvalho, seconded by Director O'Donnell, moved the approval of the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

## **VIII. Closed Session Discussion/Information Items**

### **A. \*\*Minutes of the Quality and Patient Safety Committee Special Meeting, December 30, 2009**

### **B. \*\*Minutes of the Human Resources Committee Meeting, January 19, 2010**

### **C. \*\*Minutes of the Quality and Patient Safety Committee Meeting, January 19, 2010**

Director Lyne, seconded by Director O'Donnell, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body." THE MOTION CARRIED UNANIMOUSLY.

Chairman Batts declared that the closed session was adjourned. The Board reconvened into regular session.

## **IX. Adjourn**

Director Greenspan, seconded by Director Golden, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Warren L. Batts, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #1





# Office of Performance Improvement Status Update Board of Directors January 29, 2010

*Helping business owners manage the life cycle of their project(s).....*

# Agenda

- Office of Performance Improvement Overview
- Status Report
- Addendum
  - Executive Dashboard
  - Knowledge Web
  - FY10 Office of Performance Improvement Operational Goals
  - Project Report Example to the Executive Steering Committee

# Overview



# Project Management Team



## **Jeanene M. Johnson, MA**

Jeanene Johnson is the Interim Director of the Office of Performance Improvement and President of the Oland Group, LLC. She has over 20 years of U.S. and international healthcare consulting and operational experience. Jeanene specializes in managing large scale turnaround and performance improvement engagements within large academic medical centers, multi-state acute care systems, and urban and community hospital settings.



## **Elizabeth (Beth) Collier, MBA, CPA**

Beth serves as the Finance Project Management Specialist. She has over 20 years experience as an academic healthcare finance executive and CPA. She has served as Assistant Provost for a large medical school and the Chief Financial and Budget Officer for a large medical school, responsible for all aspects of financial, procurement, budgeting, grants and contract management. She has also served as Controller for a medical practice plan, School of Medicine.



## **Laura Lindeman-Lorenz, JD, MHA, MT (ASCP)**

Laura serves as the Clinical Project Management Specialist working with Nursing and Ancillary areas across the system. Laura has over 18 years of healthcare experience including six years of performance improvement experience at a big four consulting firm. Her consulting experience includes leadership roles in performance improvement projects involving ancillary services and Nursing with specialized expertise in Laboratory services. Laura has also helped clinicians with revenue cycle process improvements specifically charge capture and the charge description master.



## **John Hughes, BA**

John serves as the Project Management Information Systems and Supply Chain Specialist for the system. John Hughes has over 20 experience in supply chain management and information technology solutions with an extensive background in Inventory Control / Warehouse Management Systems (WMS) and Enterprise Resource Planning (ERP) systems. John is leading the development and implementation of the CCHHS MS Sharepoint "Knowledge Web". He is also working with the CCHHS Supply Chain Purchasing Department to improve their processes.



# Develop the Culture of Performance Improvement

## **Develop organizational competency and framework using performance improvement tools and measurement and monitoring methodology**

- Develop an organized approach for problem-solving issues and barriers preventing performance improvement progress
- Formalize a permanent infrastructure to manage projects and communication, thus reducing redundancy, wasted resources and project uncertainty
- Build a central repository that will allow the organization to re-use proven methodologies and benchmark best practice



# Develop the Culture of Performance Improvement

## Transform the culture around performance improvement, project management, accountability and results

- Provide a methodology for the CCHHS to focus on its resources on the most critical priorities that will yield the most benefit
- Maximize success by providing a framework for implementation using standardized tools and methodology
- Build an organizational competence in measurement and monitoring to secure the sustainability of improvements made
- Increase analytical and problem-solving skills of staff by providing training



# Linkage to CCHHS Strategic 2015 Vision

## Quality, Service Excellence & Cultural Competence

- Implement a system-wide program of continuous process improvement

## Staff Development

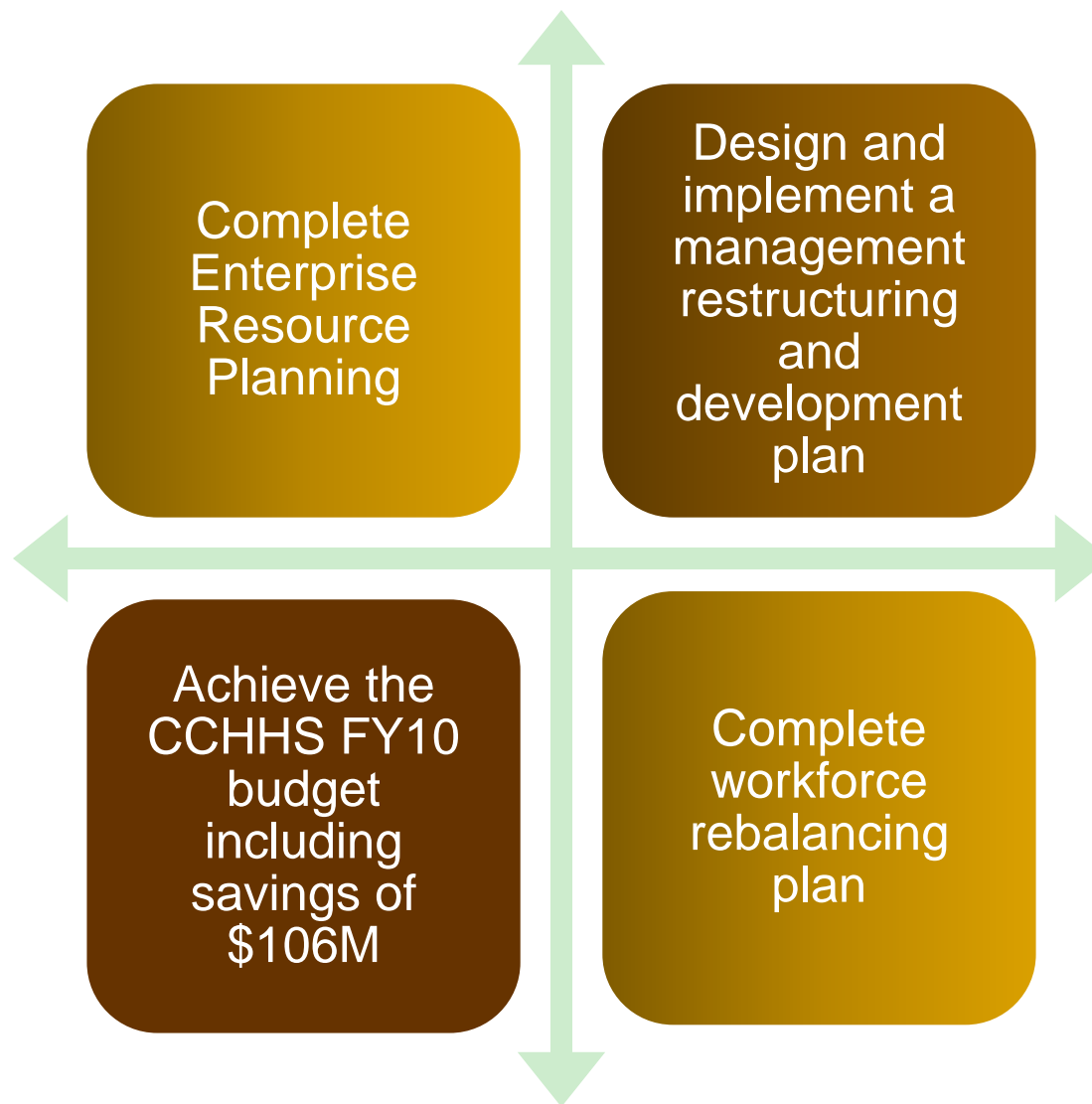
- Develop a robust program for in-service education and professional skill building

## Leadership & Stewardship

- Hold Board and management leadership accountable to agreed-upon performance targets



# Linkage to CCHHS 2010 Operational Plan





# Performance Improvement Operating Model

## Knowledge Management

- Knowledge Web development and management
- Executive Leadership Dashboard development
- Knowledge pairing
- Educational training
- Project management tool development

## Project Life Cycle Management

- Project initiation and development of financial benefit
- Third party facilitation
- Work Plan development and management
- Deliverable, cost and timeline management
- Select RFP development, selection, on-boarding and management of vendor
- Implementation methodology development
- Standardized project management tools

## Financial Accountability

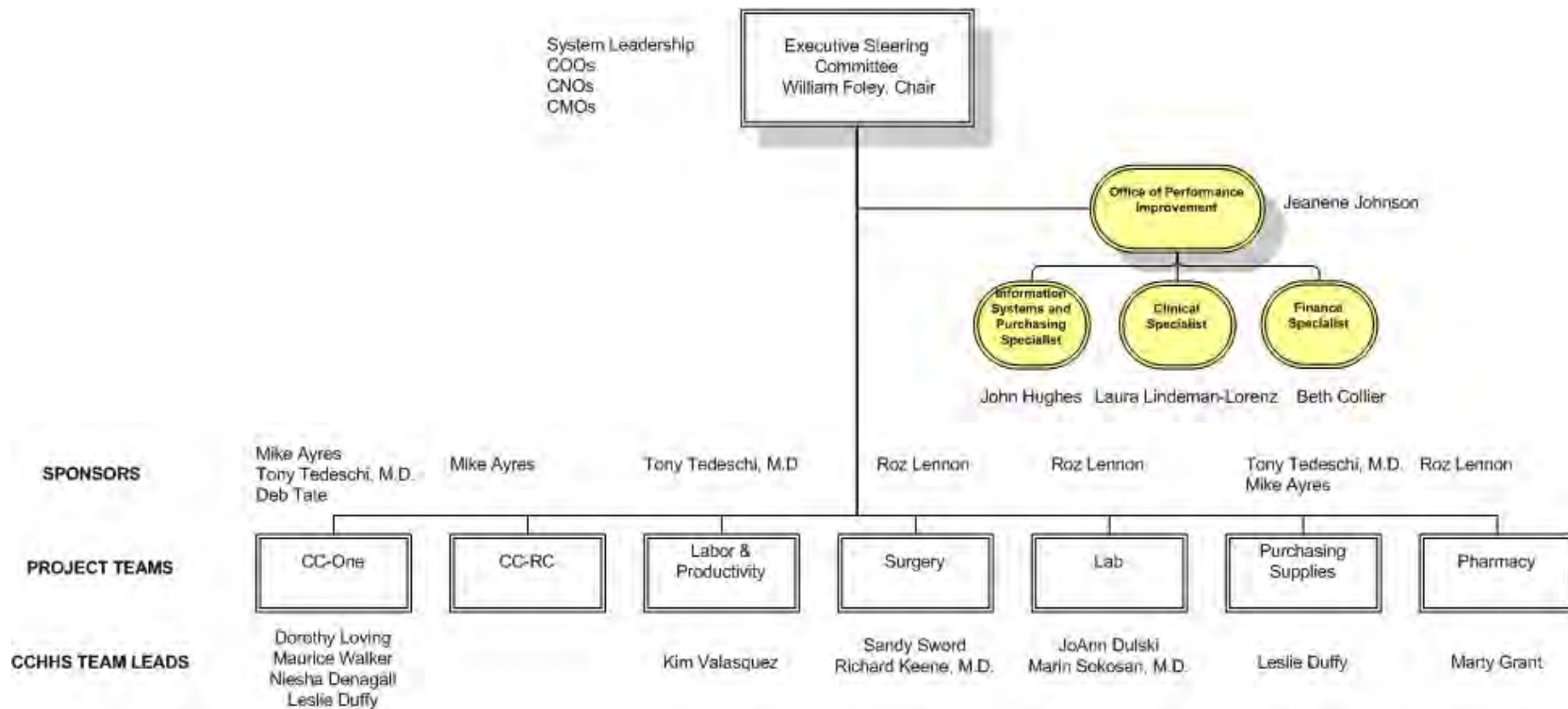
- Executive Leadership Dashboard
- Benefit identification, verification and tracking
- Key Performance Indicator monitoring
- Project Quality Assurance Process
- Decision Support



# Governance



# Organizational Structure




# Status Report



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM**  
**CCHHS**

# Status Report

Quality, Service & Cultural Excellence	Goal	Scheduled Completion	%	Status	Accomplishments
	Establish and staff a permanent Office of Performance Improvement staff function	9/30/2010	30%	Green	<ul style="list-style-type: none"> <li>Department fully staffed with interim team</li> </ul>
	Implement a consistent performance improvement approach across the System	8/31/2010	43%	Green	<ul style="list-style-type: none"> <li>Governance and project reporting established and active 12/2009</li> <li>Project management tools developed and in use</li> <li>External consulting projects reporting status consistent with new governance</li> </ul>
	Develop and roll-out a MS Sharepoint web-based repository	6/1/2010	20%	Caution	<ul style="list-style-type: none"> <li>Knowledge Web" initial design completed. Rebuild servers to allow for Sharepoint functionality </li> </ul>
	Assist management to identify and implement performance improvement projects totaling a minimum value of \$106M to meet budget targets and the tax roll-back.	11/30/2010	30%	Green	<ul style="list-style-type: none"> <li>Worked with Navigant Consulting to assist CCHHS in identifying \$65-\$72M benefit savings at the hospitals and at System departments and \$2.6M at Cermak</li> <li>Initiated projects in 4 departments (Nursing, Lab, Pharmacy, Surgery, Supply Management) targeting a preliminary \$2.1M</li> <li>Developed workforce rebalancing tools-position control policy, process &amp; tracker, trackers to identify workforce reductions, department implementation plans</li> </ul>



# Benefit Summary

Initiative	Low Identified	High Identified	Implemented Benefit
Surgery	TBD	TBD	\$0
Nursing	\$.20M	TBD	\$0
Lab	\$.60M	\$.90M	\$0
Pharmacy	\$1.25M	\$2.0M	\$0
Purchasing Process	TBD	TBD	\$0
<b>TOTAL</b>	<b>\$2.05M</b>	<b>\$2.9M</b>	<b>\$0</b>



# Status Report

	Goal	Scheduled Completion	%	Status	Accomplishments
Staff Development	Serve as Paired Advisor to Team Leads; mentor Team Leads throughout the project life cycle	8/31/2010	20%	Green	<ul style="list-style-type: none"> <li>Weekly Team Lead meetings with CNO's, Lab, Pharmacy and Surgery</li> </ul>
	Provide education and training to System leadership and management on use of the MS Sharepoint "Knowledge Web" tool	6/1/2010	5%	Green	<ul style="list-style-type: none"> <li>System Leadership orientation to Knowledge Web presented on 1/12/10</li> <li>Providing 1:1 orientation on Knowledge Web managers</li> </ul>



# Status Report

		Goal	Scheduled Completion	%	Status	Accomplishments
Leadership & Stewardship		Assist business owners (Sponsors-System Leadership) or serve as a business owner to manage the life cycle of select request for proposals ("RFP")	11/30/2010	20%	Green	<ul style="list-style-type: none"> <li>• Select Performance Improvement Advisory Services RFP written with nine addendums</li> <li>• Timekeeping RFP drafted and issued</li> </ul>
		Assist System Leadership with evaluating external consulting performance	11/30/2010	20%	Green	<ul style="list-style-type: none"> <li>• Assisted Finance to evaluate two consulting firm's performance</li> </ul>
		Support Finance in the development of a decision support tools	9/30/2010	8%	Green	<ul style="list-style-type: none"> <li>• Currently reviewing existing "Red Flag" reports for continued use; identifying additional enhancements to Red Flag Report</li> <li>• Developed financial dashboard for hospital and currently exploring automation and on-going maintenance of dashboard</li> <li>• Currently reviewing "Experience Database" for continued use</li> <li>• Currently reviewing cost and reimbursement for OB services</li> <li>• Assessing cost/benefit for surgery expansion at JS Stroger Hospital</li> </ul>





# Addendum



# Executive Leadership Dashboard

		Last Week vs. Last 12 weeks				Most Recent Completed Month vs. Budget					Most Recent Completed Month vs. Last FY					Current FYTD				
VOLUME	Reporting Frequency	Current 12 Wk Avg	12 Wk Avg	Chg	Trend	Name of Month	Budget	Var	Var %	F/Y	Name of Month	Budget	Var	Var %	F/Y	Name of Month	Budget	Var	Var %	F/Y
<b>Census</b>																				
Average Daily Census (total)	Weekly																			
Adjusted Daily Census	Weekly																			
Pediatric Average Daily Census	Weekly																			
Newborn Average Daily Census	Weekly																			
Total Patient Days	#3 Weekly																			
Equivalent Patient Days	#18 Weekly																			
<b>Admissions/Discharges</b>																				
Adult Admissions- Acute	Weekly																			
Pediatric Admissions	Weekly																			
Inmate Admissions	Weekly																			
Adjusted Admissions	#2 Weekly																			
Total Admissions	#1 Weekly																			
Total Discharges	#9 Weekly																			
<b>Emergency Services</b>																				
ED Admissions	Weekly																			
ED Admissions as a % of Discharges	Weekly																			
ED Visits	#6 Weekly																			
ED Admissions as a % of Visits	Weekly																			
ED Diversion Hours	Weekly																			
ED LWBS	Weekly																			
ED LWBS% of (Total ED Visits, Admissions & Walkouts)	Weekly																			
ED LOS	Weekly																			
<b>Births</b>																				
Births	Weekly																			
<b>Trauma</b>																				
Trauma Visits	Weekly																			
Trauma Admissions	Weekly																			
<b>Surgeries &amp; Procedures</b>																				
Inpatient Surgeries	#5 Weekly																			
Outpatient Surgeries	#5 Weekly																			
Surgical Hours Inpatient	Weekly																			
Surgical Hours Outpatient	Weekly																			
Cardiac Cath Procedures	#7 Weekly																			
Endoscopies	#7 Weekly																			
<b>Outpatient Visits</b>																				
Outpatient Visits	#6 Weekly																			
<b>LOS and Acuity</b>																				
Average Length of Stay - All Services	#4 Weekly																			
Average Length of Stay - Acute	Weekly																			
Average Length of Stay - ED	Weekly																			
Stays > 20 days	Weekly																			
Acute Case Mix Index	Weekly																			
Medicare Case Mix Index	#4 Weekly																			

- ◆ Provides weekly status of hospital leading indicators of performance against target and/or benchmark
- ◆ Utilized by Executive Management to determine performance areas in need of attention



# Executive Leadership Dashboard

			Last Week vs. Last 12 weeks	Most Recent Completed Month vs. Budget	Most Recent Completed Month vs. Last FY	Current FYTD
<b>FINANCIAL</b>						
<b>Revenue</b>						
37	Gross Revenue (\$000s)					
38	Gross Inpatient Revenue (\$000s)	#8				
39	Gross Outpatient Revenue (\$000s)	#8				
40	Net Revenue	#9				
<b>Revenue Cycle</b>						
41	Cash Collections from Operations (\$000s)	#11 Monthly				
42	A/R Inhouse (\$000s)	#11 Monthly				
43	IP A/R Discharged Not Final Billed (\$000s)	Weekly				
44	IP Accts DNFB >3 Days (Count)	Weekly				
45	IP Accts DNFB >3 Days (\$000s)	Weekly				
46	OP Exceptions excludes SDS (\$000s)	Weekly				
47	OP Recurring Accts DNFB >4 Days Count	Weekly				
48	OP Recurring Accts DNFB >4 Days (\$000s)	Weekly				
49	Regular OP Accts DNFB >4 Days Count	Weekly				
50	Regular OP Accts DNFB >4 Days (\$000s)	Weekly				
51	Total Gross Billed A/R for the Week (\$000's)	Weekly				
52	Total Billed Accounts Receivable (\$000's)	Weekly				
53	Days in Account Receivable	Monthly				
54	Total A/R >90 Days (\$000's) (Billed Status)	Monthly				
55	Percent A/R > 90 Days (Billed Status)	Monthly				
<b>Expenses</b>						
58	Total Supply Expense	Monthly				
59	Total Drug Expense	Monthly				
60	Operating Income	#19 Monthly				



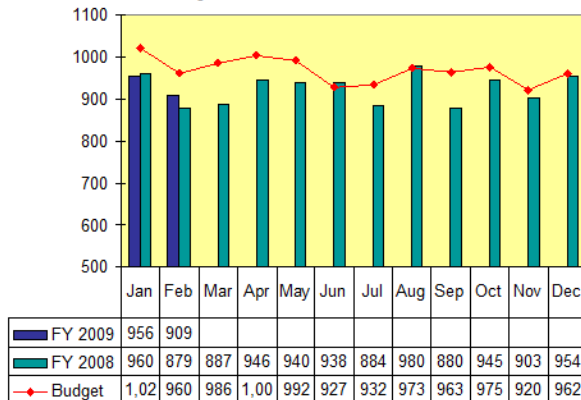
LTH  
IM

# Executive Leadership Dashboard

Example

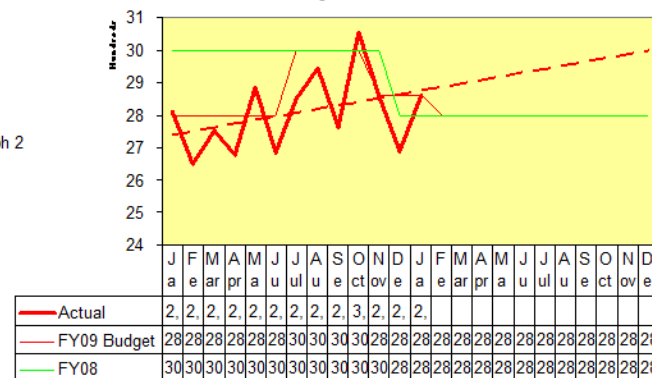
Graph 1

Total Admission Trends  
Actual vs. Budget and Prior Year



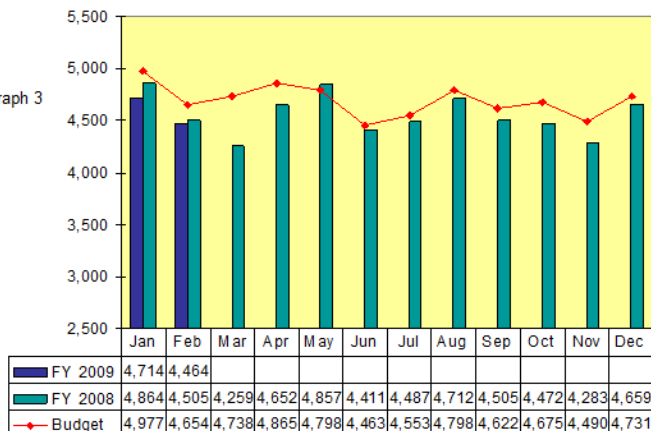
Graph 2

Adjusted Admissions  
Actual vs. Budget and Prior Year



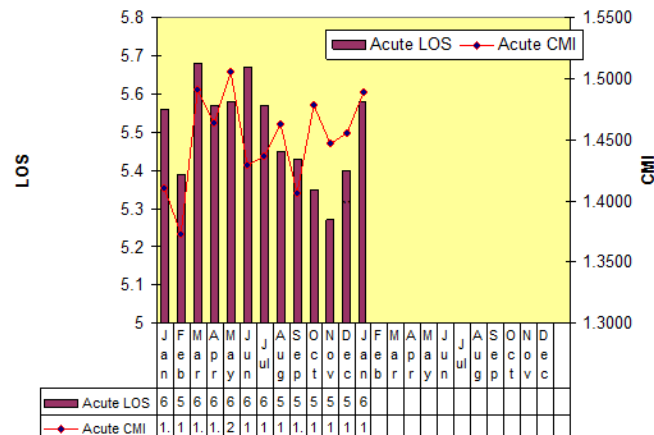
Graph 3

Total Patient Day Trends  
Actual vs. Budget and Prior Year



Graph 4

Acute Medicare CMI vs. ALOS Based Upon Discharges



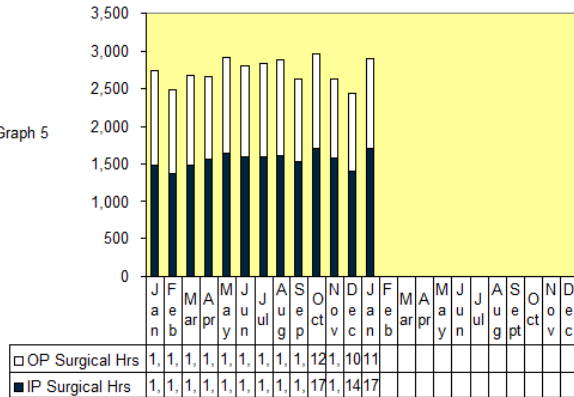
**COOK COUNTY HEALTH & HOSPITALS SYSTEM**  
**CCHHS**

# Executive Leadership Dashboard

Example

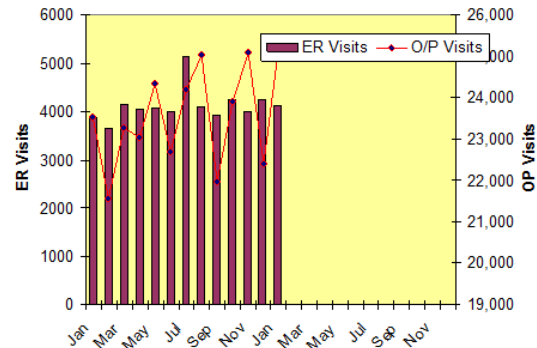
Inpatient and Outpatient Surgery Trends Current Year

Graph 5



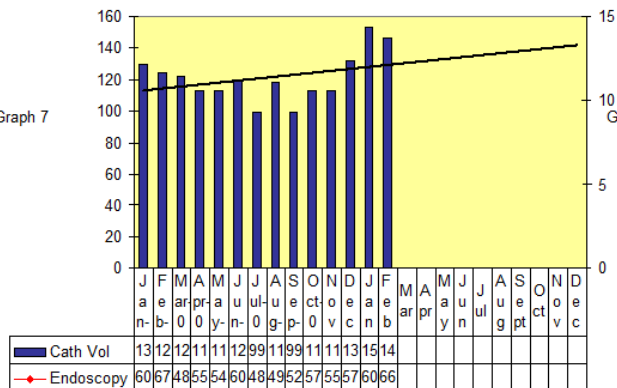
ER and Outpatient Visits Trend Current Year

Graph 6



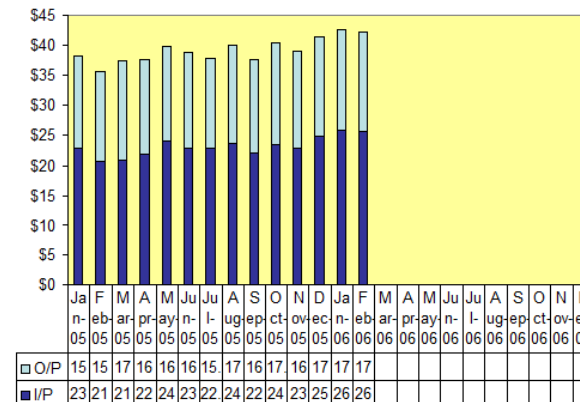
Cardiac Cath and Endoscopy Cases Current Year

Graph 7



Inpatient and Outpatient Gross Patient Revenue Trends (in millions), Current Year

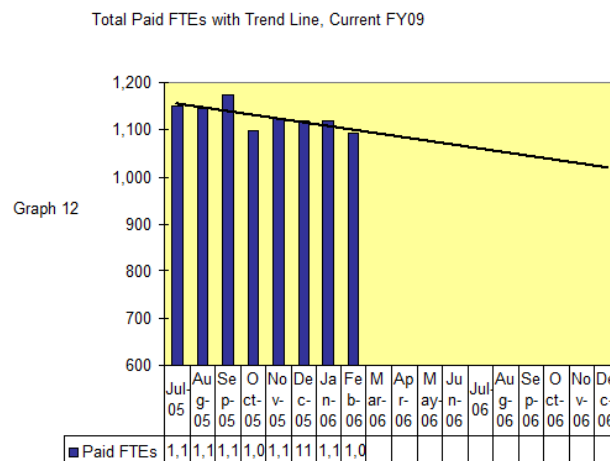
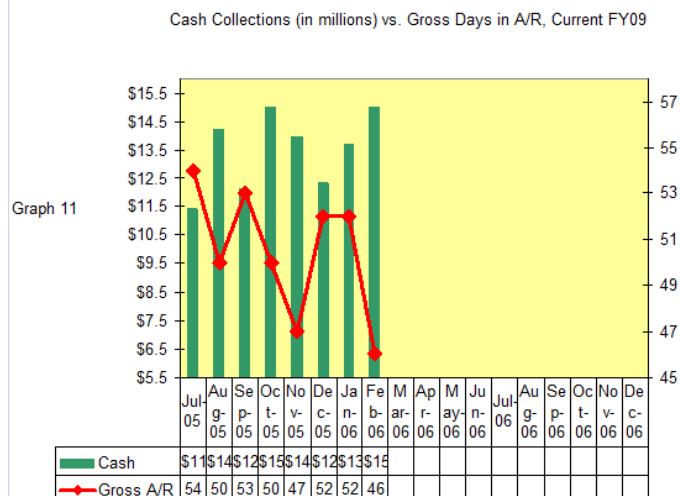
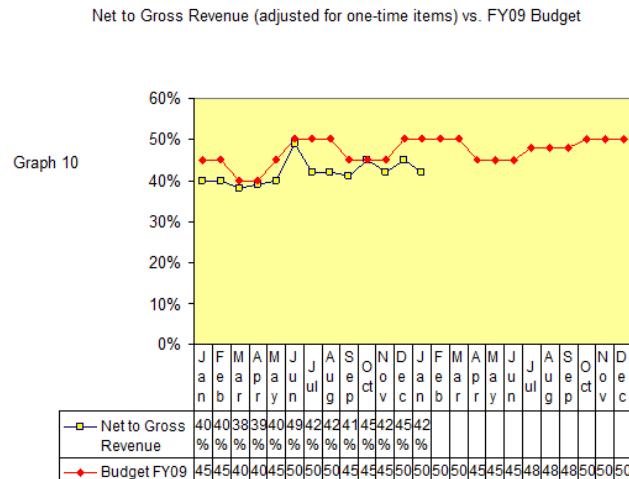
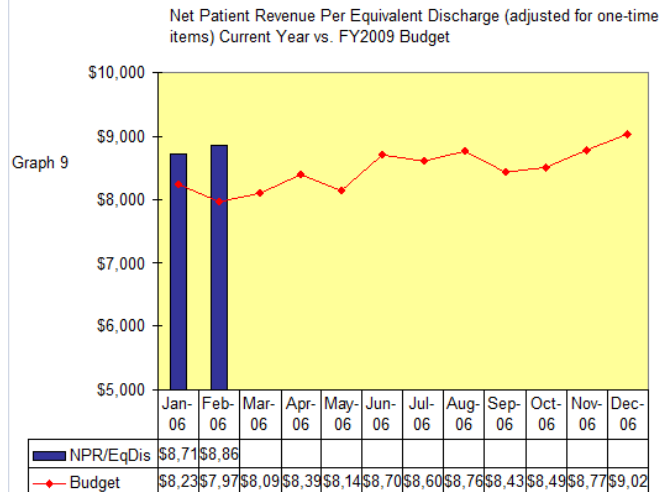
Graph 8



**COOK COUNTY HEALTH & HOSPITALS SYSTEM**  
**CCHHS**

# Executive Leadership Dashboard

Example

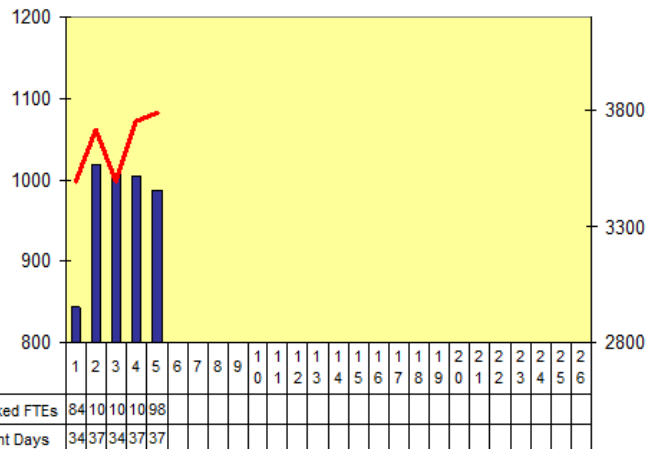


**COOK COUNTY HEALTH & HOSPITALS SYSTEM**  
**CCHHS**

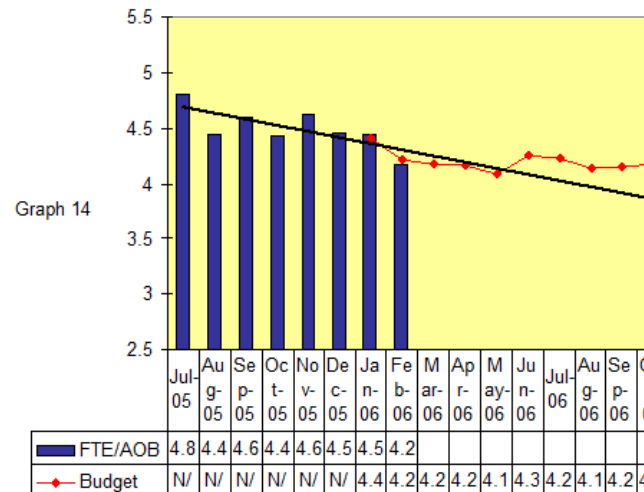
# Executive Leadership Dashboard

Example

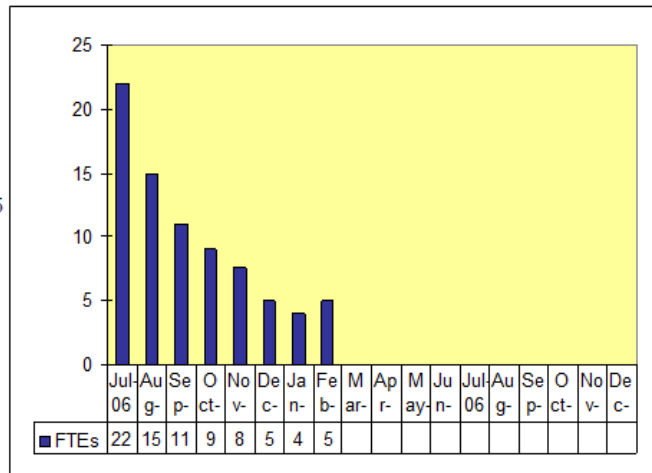
Worked FTEs vs. Equivalent Patient Days by Pay Period, Current FY09



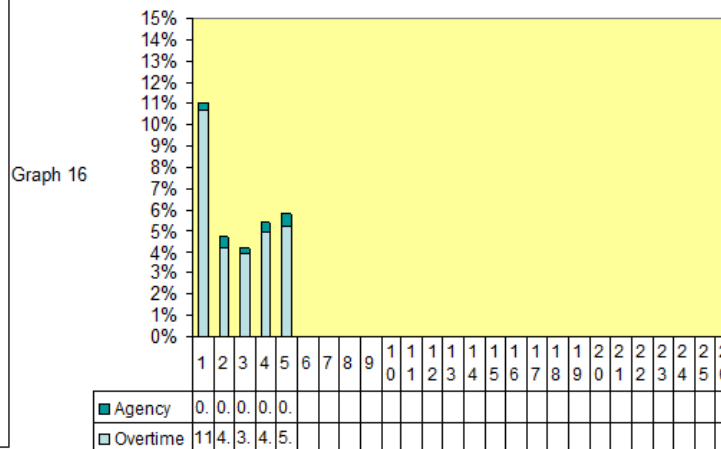
Paid FTEs per Adjusted Occupied Bed vs FY09 Budget with Trend Line, Current FY09



Agency FTEs (includes Nurses, Sitters and Clerical), Current FY09



Agency and Overtime Hours as a % of Total Worked Hours, Current FY09

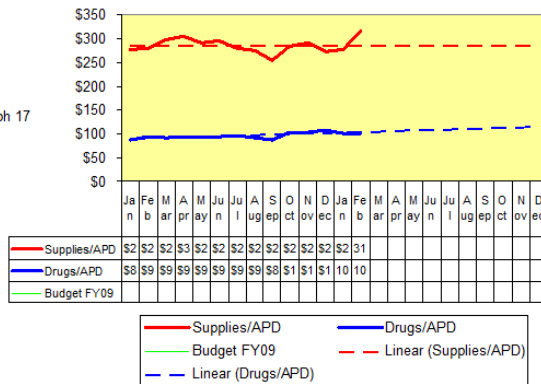


# Executive Leadership Dashboard

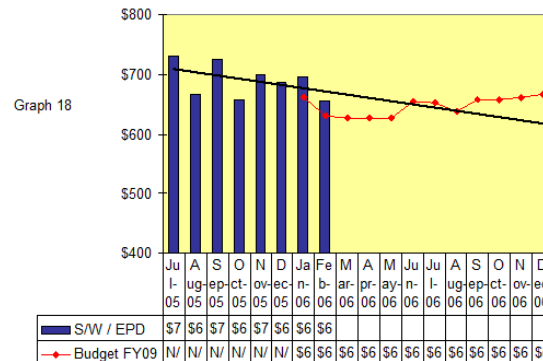
Example

Graph 17

Total Supply and Drugs Per Adjusted Patient Day vs. FY09 Budget

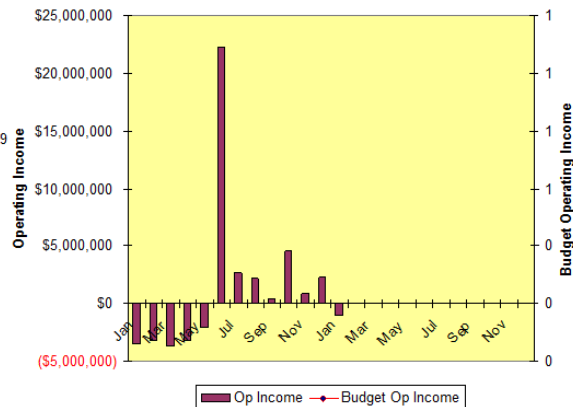


Salaries and Wages per Equivalent Patient Day vs. FY09 Budget with Trend Line



Graph 19

Operating Income vs. Budget Income, Current FY09





# Knowledge Web

Each System Leader has their own website

Based on your permission level, you can search across all sites for any document

The Board has a site for each Committee

Site Owners can add any link that relate to their professional area

- Broadcast communication tool that links teams within and across facilities
- Single point of access to all project management tools
- Promotes sharing of documents and knowledge within initiatives and between communities
- Speeds time to disseminate critical project information
- Provides an archive of discussions, decisions and processes

View All Site Content Knowledge Web Site > CCHHS Board of Directors

Document List

Board of Directors

12/23/2009 1:39 PM

Board of Directors site.

12/23/2009 1:39 PM

Discussion Board: You can communicate with team members, manage projects & issues, report on performance, and documents and track project deliverables.

Sites and Workspaces

Secretary to the Board

Audit Committee

Compliance Committee

Finance Committee

HR Committee

Quality and Patient Safety Committee

People and Groups

Recycle Bin

Calendar

1/14/2010 10:00 AM Executive Committee- Revenue Cycle Includes MedAssets & Chamberlain Edmonds

1/18/2010 12:00 AM HOLIDAY- MARTIN LUTHER KING, JR

1/21/2010 10:00 AM Executive Steering Committee- CC-One

1/28/2010 10:00 AM Executive Steering Committee- Project to be confirmed

1/29/2010 7:30 AM CCHHS Board of Directors

2/4/2010 10:00 AM Executive Steering Committee- Nursing Restructuring, Surgery Restructuring, Lab Consolidation

2/11/2010 10:00 AM Executive Steering Committee- Revenue Cycle Includes MedAssets and Chamberlain Edmonds

2/15/2010 12:00 AM HOLIDAY- WASHINGTON'S BIRTHDAY

2/18/2010 10:00 AM Executive Steering Committee- CC-One

2/25/2010 10:00 AM Executive Steering Committee- To be confirmed

(More Events...)

Links

CCHHS Intranet

CCHHS Internet Site

Cook County Internet Website

Metropolitan Chicago Healthcare Council

Add new link

http://ofh01srv22:31540/sites/pip/BOD/default.aspx

Trusted sites

100%



COOK COUNTY HEALTH & HOSPITALS SYSTEM  
**CCHHS**

# Knowledge Web

Knowledge Web Site

Welcome Hughes, John

This Site: Performance Improv

**COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS** Performance Improvement

Home Board CEO Medical Finance IS Clinical Operations Compliance General Counsel Internal Audit Affairs & Policy HR Public Health PR **PI** PMO

Site Actions

View All Site Content

Web Site > Performance Improvement

**Documents**

**Lists**

- Calendar

**Discussion**

- Team Discussion

**PI Projects**

- Select PI Adv. Services
- CC-One
- CC-RC
- Work Rebalancing
- Surgical Redesign
- Lab Consolidation
- Direct Obser. (Sitters)
- Supply Chain
- Labor and Productivity
- Pharmacy 340b
- Time and Attendance
- Business Objects
- Decision Support
- Purchasing

**People and Groups**

Recycle Bin

Each project managed has their own site

Performance Improvement site.

12/23/2009 1:40 PM

Here, you can communicate with team members, manage projects & issues, report on performance, store data & documents and track project deliverables.

Add new announcement

**Calendar**

1/14/2010 10:00 AM Executive Committee- Revenue Cycle  
Includes MedAssets & Chamberlain Edmonds

1/18/2010 12:00 AM HOLIDAY- MARTIN LUTHER KING, JR

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2/18/2010 10:00 AM Executive Steering Committee- CC-One

2/25/2010 10:00 AM Executive Steering Committee- To be confirmed

(More Events...)

Add new event

**Contact Details**

Contact for site questions  
Johnson, Jeanene

**Links**

- CCHHS Intranet
- CCHHS Internet Site
- Cook County Internet Website
- Solucient Internet site

Add new link

Done


Trusted sites

100%

**CCHHS**

# Knowledge Web

Knowledge Web Site

Welcome Hughes, John | 



Select PI Advisory Services

This Site: Select PI Advisory Se 

Home Board CEO Medical Finance IS Clinical Operations Compliance General Counsel Internal Audit Affairs & Policy HR Public Health PR PI PMO

Site Actions 

View All Site Content

## Documents

- Shared Documents
- Project Documents

## Lists

- Calendar
- Tasks
- Issues

## Discussions

## Sites

## People and Groups

 Recycle Bin

Knowledge Web Site > Performance Improvement > Select PI Advisory Services

PI: Select PI Advisory Services

## Announcements

Welcome to the PI Select PI Advisory Services site.

12/30/2009 8:00 PM

In addition to the Request for Proposal (RFP) and on the CCHHS Internet website under Supply Management Set accompanies this RFP and is stored on this website in the Data Bank.

 Add new announcement


## Calendar

- 1/20/2010 12:00 AM Notification to Proposer(s) of Award or Non-Selection
- 1/21/2010 12:00 AM Contract Negotiations and Compliance Review
- 2/12/2010 7:30 AM Board Finance Committee Approval- Date to be confirmed
- 3/26/2010 7:30 AM Board of Directors Approval


 Add new event

## Links

-  Cook County Health and Hospital System
-  Cook County Website

 Add new link

## Contact Details

-  For site questions, contact:  
Johnson, Jeanene

You can  
customize the  
calendar of  
events specific  
to your project

Done

 Trusted sites

 100%



**CCHHS**

# Knowledge Web

Knowledge Web Site

Welcome Hughes, John

This List: Project Documents

Project PI Advisory Services

Clinical Internal Audit Affairs & Policy HR Public Health PR PI PMO

Site Actions

View All Site Documents

Documents

- Shared Documents
- Project Documents

Lists

- Calendar
- Tasks
- Issues

Discussions

Sites

People and Groups

Recycle Bin

Document library where you can store documents that you want to share. Document libraries support features such as sub-folders, file versioning, and check-in/check-out.

View: All Documents

Type	Name	Modified	Owner	Status	Modified By
Folder	Evaluation Form	1/7/2010 9:35 AM			Hughes, John
Folder	Proposal - ESI	12/30/2009 7:18 PM			Hughes, John
Folder	Proposal - Navigant	12/30/2009 7:18 PM			Hughes, John
Folder	Proposal - PWC	12/30/2009 7:18 PM			Hughes, John
Folder	Proposal - QHR	12/30/2009 7:18 PM			Hughes, John
Folder	Proposal Presentation Schedule	1/4/2010 12:08 PM			Hughes, John
Folder	Request for Proposal	12/30/2009 7:17 PM			Hughes, John

Trusted sites

100%

Clicking on Shared Documents allows you access to all documents in the project

Site Owners can customize your document storage into folders custom to their operations



# Knowledge Web

Knowledge Web Site

Welcome Hughes, John



Select PI Advisory Services

This List: Project Documents

Home Board CEO Medical Finance IS Clinical Operations Compliance General Counsel Internal Audit Affairs & Policy HR Public Health PR PI PMO

Site Actions

Knowledge Web Site > Performance & Compliance > PI Advisory Services > Project Documents > Request for Proposal

## Project Documents

Create a document library for files that you want to share. Document libraries support features such as sub-folders, file versioning, and check-in/check-out.

New Upload		View: All Documents			
Type	Name	Modified	Owner	Status	Modified By
	Addendum 1 HO9 0065 121609	12/30/2009 7:29 PM		Draft	Hughes, John
	Addendum 2 HO9 0065 121609	12/30/2009 7:29 PM		Draft	Hughes, John
	Addendum 3 HO9 0065 121609				Hughes, John
	Addendum 4 HO9 0065 121609				Hughes, John
	Addendum 5 HO9 0065 121609				Hughes, John
	Addendum 6 HO9 0065 121709				Hughes, John
	Addendum 7 HO9 0065 121809	12/30/2009 7:29 PM		Draft	Hughes, John

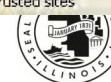
Shared documents are shared with other team members here

- Documents checked out cannot be accessed by other team members to provide for document control
- Site Owners can monitor team member usage

Done

Trusted sites

100%



COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS



# **Executive Steering Committee Update LABORATORY CONSOLIDATION January 7, 2010**

# Agenda

- Project Scope
- Benefit Summary
- Realization Schedule
- Project Status
- Key Performance Indicators (KPI)
- Recent Success
- Upcoming Activities



# Project Scope

	Restructure Laboratory	Consolidate Hospital Labs	Consolidate Cermak	Consolidate ACHN	Consolidate Additional Sites
<b>Solutions</b>	Rewrite job descriptions for all management staff	Consolidate Micro Gyne-cytology, Histology	Consolidate testing to JSH. Initiated in Nov 2009	Consolidate testing to JSH Initiated Prieto Oct 2009	Determine all entities within the Health & Hospital System requiring lab testing.
	Administrative & HR approval	Micro taskforce develop consolidation strategy Histology assessment to outsource	Implementation of Istat analyzer to reduce STAT's Additional Analyzers?	Implement Cicero & Vista testing to JSH Plan additional site schedule	Meet with Juvenile Detention Center (Juvie) in Jan 2010 to determine schedule to consolidate work to JSH.
	Posting & hiring process	Micro taskforce to present to site leadership & infection control plan. Histology outsource contract presentation.	Move all testing from Cermak to JSH.	Work with sites to bring testing to JSH	Implement Juvie
	Management team in place	Implement micro plan. Implement Histology plan	QI measures for STAT's Monitor POCT Measure costs	Measure QI and costs	





# Project Scope

	CDM (Lab Infrastructure)	Courier Service (Lab infrastructure)	LIS Upgrade (Lab infrastructure)
Solutions	Build new CDM	Consolidate Micro Gyne- cytology, Histology	Consolidate testing to JSH. Initiated in Nov 2009
	Implement lab team to initiate build in LIS 6 to 8 mo	Determine future contracting needs	Receive documentation of changes to determine time line
	Initiate testing of build		Build upgrade & perform validation
	go live with new CDM		go live



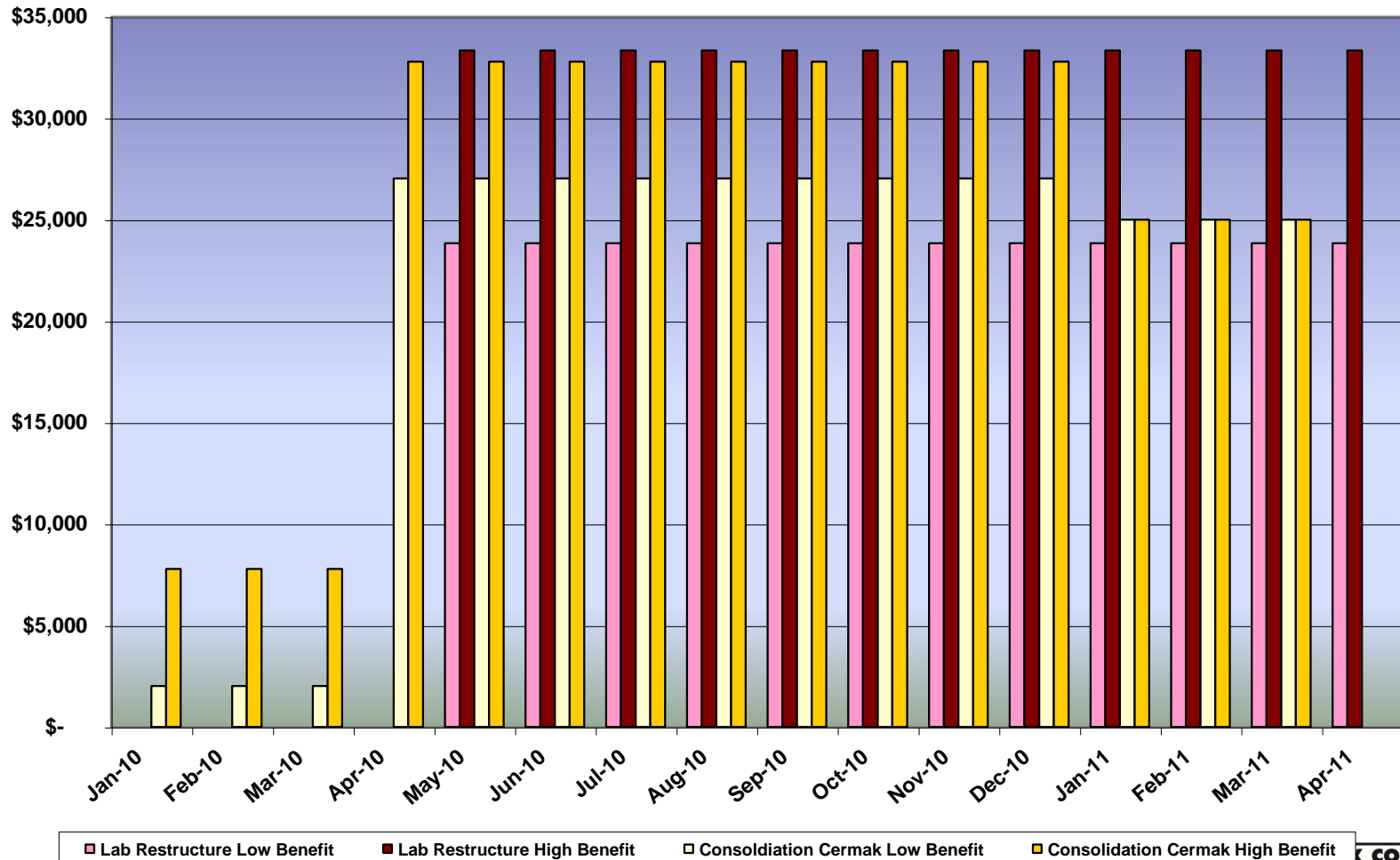
# Benefit Summary

Initiative	Low Identified	High Identified	Implemented Benefit
Lab Restructure	\$286,289	\$400,000	
Consolidation Cermak	\$324,240	\$393,343	
Consolidation ACHN	\$60,000	\$85,000	
<b>Total Recurring</b>	<b>\$672,529</b>	<b>\$878,343</b>	<b>\$0</b>



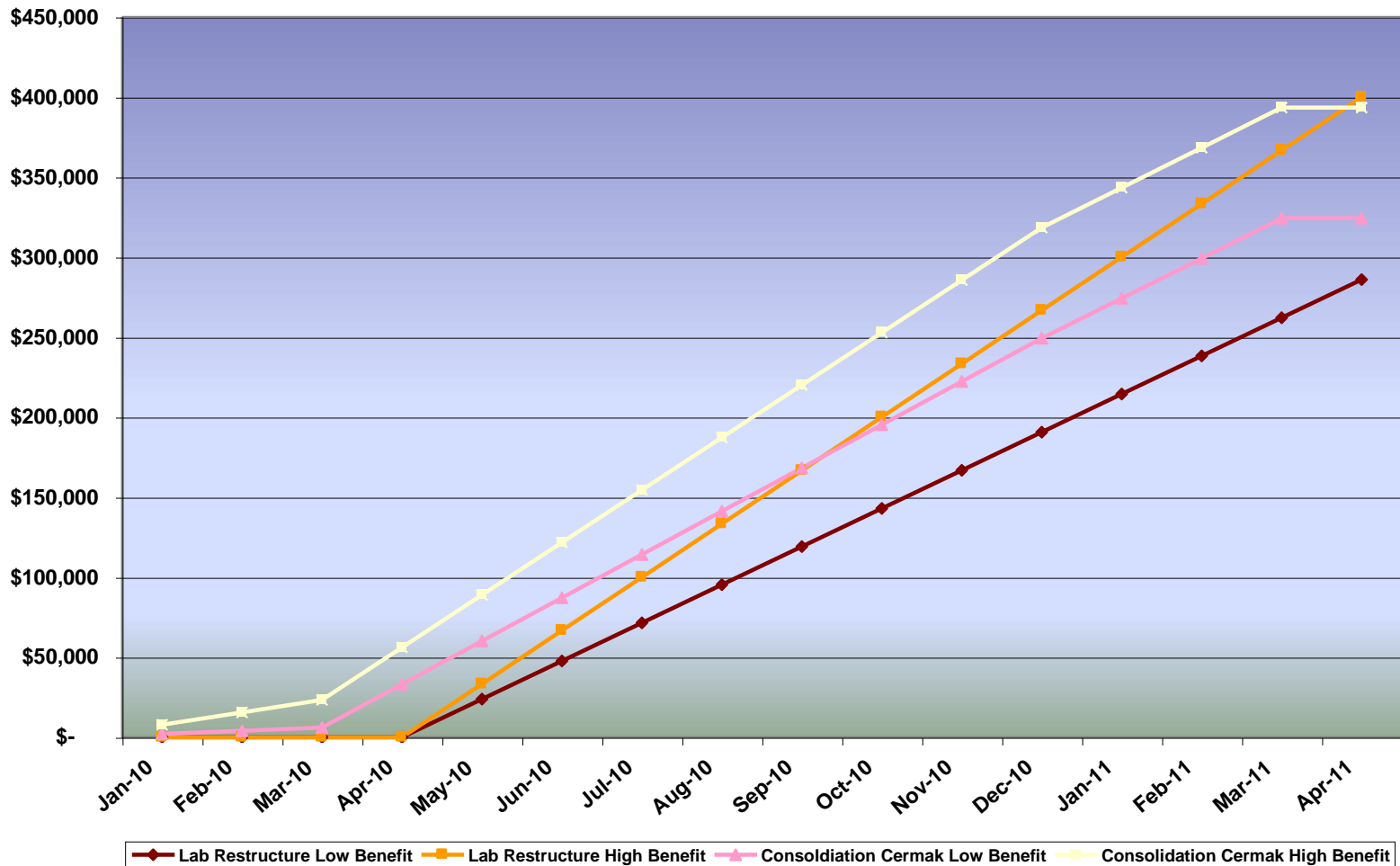
# Realization Schedule Monthly Annual

Monthly Realization



# Realization Schedule Monthly Cumulative

Monthly Cumulative Realization

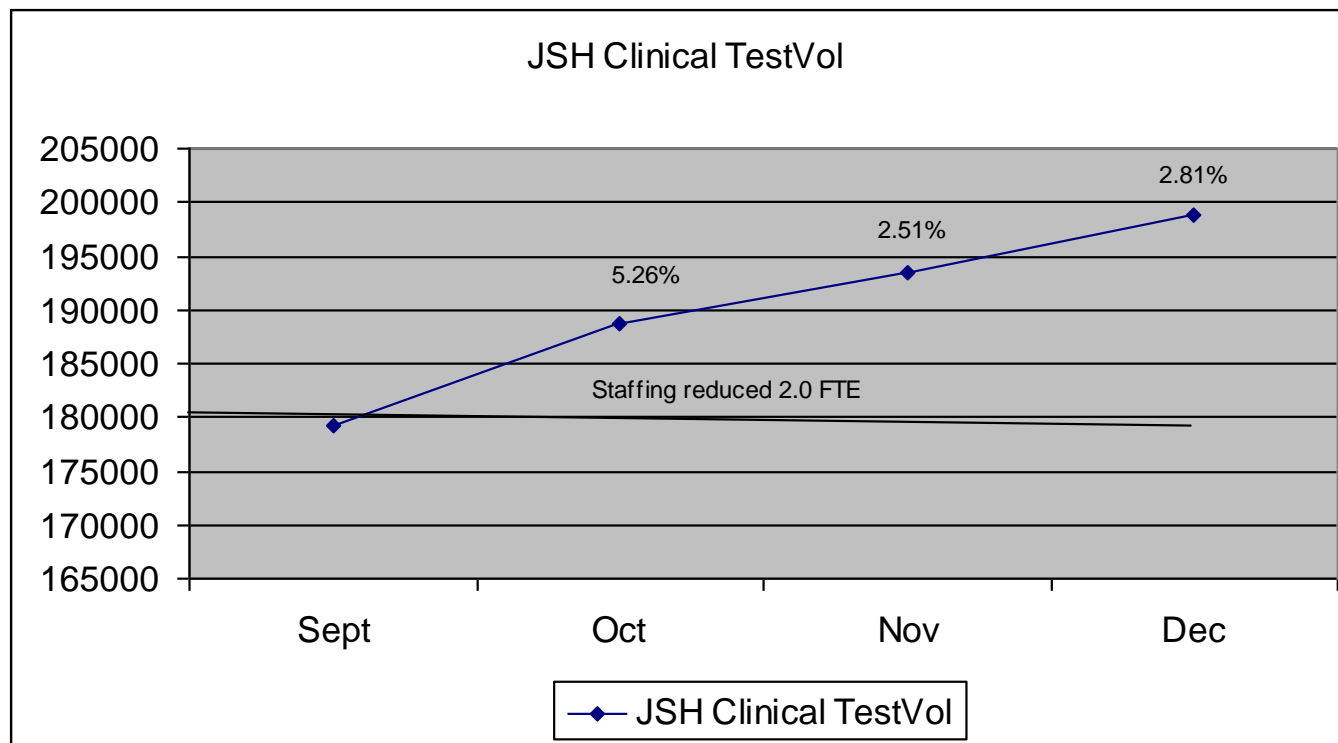


# Project Status

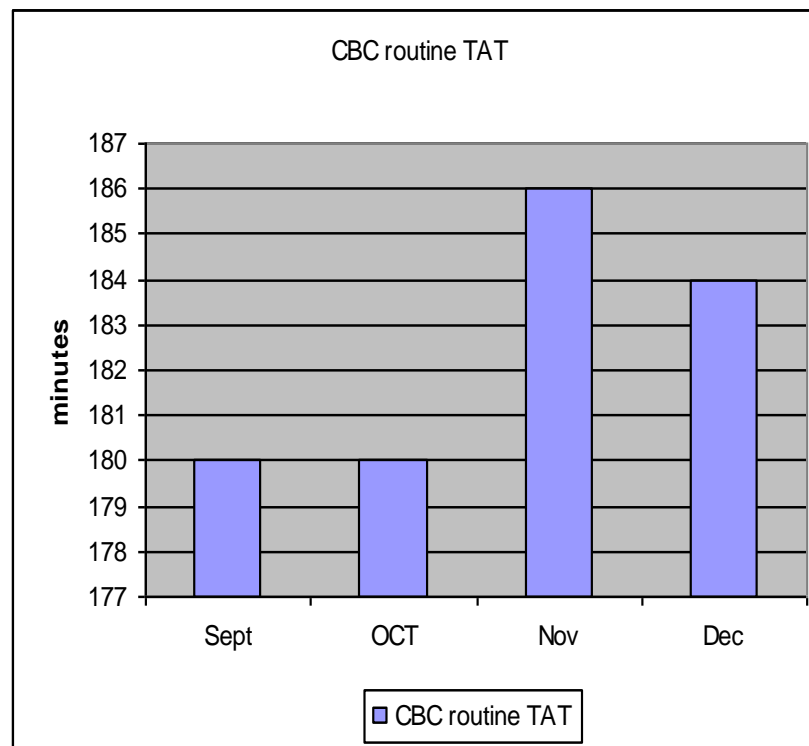
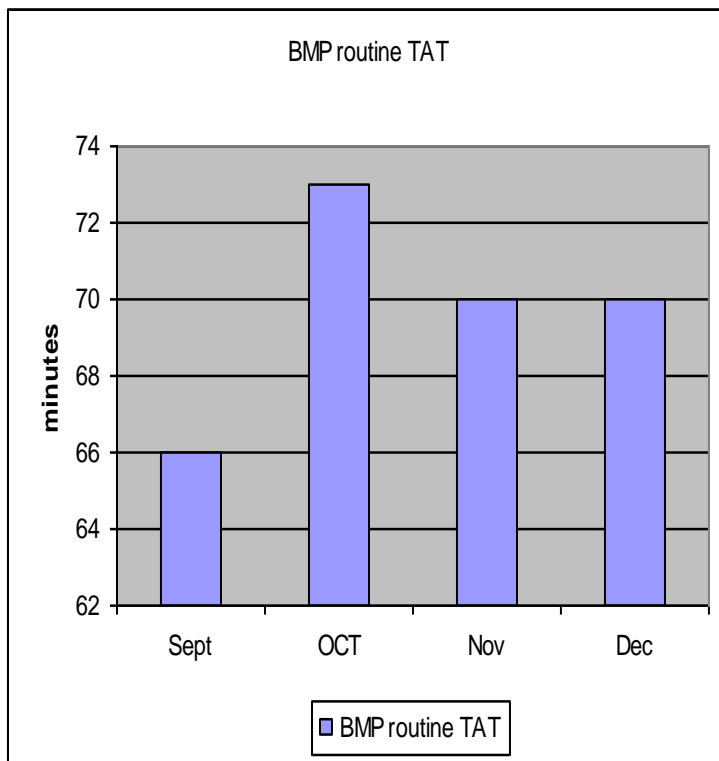
WorkStream [Name]	Project	Scheduled Completion	% Complete	Project Status	Comments
	Lab Restructure	April 2010	25%	Yellow	Completion of job description
	Consolidate Microbiology	February 2010	40%	Green	Consultant to access JSH Micro Lab.
	Consolidate & Outsource Histology	May 2010	50%	Green	Final proposal received.
	Consolidate ACHN testing to JSH	Summer 2010	15%	Green	Cicero & Vista completed by Feb 2010. Timeline to be developed with ACHN Feb 2010.
	Consolidate Cermak to JSH	March 2010	15%	Yellow	Staffing, STAT testing @ Cermak



# Key Performance Indicator- LAB



# Key Performance Indicator- LAB



Goal turn around time for routine BMPs is 120 minutes  
Goal turn around time for routine CBCs is 190 minutes



# Recent Success

## Consolidation Lab Testing

- Brought lab testing to JSH from Prieto & Cermak

## Lab Consolidation

- Micro identified standardization opportunities. Will be meeting with site administration & infection control to finalize January 2010.



# Upcoming Activities

## ACHN Consolidation

- Cicero & Vista lab testing brought to JSH

## Histology Lab

- Bid received for outsource of histology services. This includes tissue processing, cutting of blocks and staining in preparation for pathology analysis. This will reduce expenses and reduce the TAT of surgical cases.

## FY2010 Office of Performance Improvement Operational Goals

As of January 29, 2010

CCHHS Strategic Vision 2015 Draft (11/6/09)- Three Year Plan	
#	Applicable Goals
SP1	<b>Access to Healthcare Services</b> Eliminate System access barriers at all delivery sites
SP2	<b>Quality, Service Excellence &amp; Cultural Competence</b> Implement a system-wide program of process improvement
SP4	<b>Staff Development</b> Develop a robust program for in-service education and professional skill building
SP5	<b>Leadership and Stewardship</b> Hold Board and leadership management accountable to agreed upon performance targets

CCHHS 2010 System Leadership Operational Plan- One Year Plan	
#	Applicable Tasks
2	<b>Complete Enterprise Resource Planning (ERP) system implementation</b>
3	<b>Design and implement a management restructuring and development plan</b>
3.01	Complete management assessment
3.02	Achieve 10% reduction in system-wide management staff
3.04	Establish a leadership development program
4	<b>Achieve the CCHHS FY10 operating budget including:</b>
4.01	Incorporating \$80M budgeted savings and \$26M reduction related to tax roll back
5	<b>Complete workforce rebalancing plan</b>
5.01	Achieve budgeted savings

2010 Office of Performance Improvement Operational Plan- One Year Plan					
Strategic Plan #	Goal and Objectives	Completion Date	% Complete	2010 Operational Plan Linkage	Status
<b>SP 1.0 Access</b>					
	NOTE: Certain performance improvement projects in SP2 may target "access to healthcare services".				
<b>SP 2.0 Quality, Service and Cultural Excellence</b>					
SP2.10	Establish and staff a permanent Office of Performance Improvement staff function.	9/30/2010	30%	3	
SP2.11	Establish a transitional Office of Performance Improvement staff function.	12/30/2009	100%	3	Performance Improvement Office has been established; transition to CCHHS in planning.
SP2.12	Develop a department organizational structure and position descriptions.	2/28/2010	0%	3, 3.01	
SP2.13	Develop a department budget.	8/30/2010	0%	3	
SP2.14	Recruit permanent staff for the Office of Performance Improvement.	9/30/2010	0%	3, 3.01	
SP2.20	Implement a standardized performance improvement approach across the organization.	8/31/2010	43%	3.04	
SP2.21	Establish an Executive Steering Committee and Governance Structure responsible for guiding performance improvement projects .	1/4/2010	80%	3.04	The Executive Steering Committee and Governance Structure began December 2009 and is active and functioning effectively. External and internal projects are reporting project status consistent with new governance.

## FY2010 Office of Performance Improvement Operational Goals

As of January 29, 2010

Strategic Plan #	Goal and Objectives	Completion Date	% Complete	2010 Operational Plan Linkage	Status
SP2.22	Develop and implement a performance improvement methodology for the project life cycle (e.g. reporting process and templates).	8/31/2010	30%	3.04	Status reporting templates developed and in use by CCHHS Team Leads with Executive Steering Committee. Benefit realization tracking templates currently under development.
SP2.23	Establish performance improvement reporting by CCHHS Sponsors and Team Leads.	3/31/2010	20%	3.04	Nursing, Surgery, Lab, Pharmacy, Lawson, MedAsset have all begun reporting project status to Executive Steering Committee.
SP2.24	Establish and develop roles for CCHHS Project sponsors and Team Leads.	12/31/2009	100%	3.04	Team Leads and Sponsor roles have been defined and are now operational.
SP2.30	Develop and roll-out a Sharepoint web-based repository to be utilized for management and managed internally by CCHHS staff.	6/1/2010	20%	3.04	"Knowledge Web" initial design has been completed in Sharepoint, a web-based software program. Re-built multiple servers to fully utilize the functionality of the software.
SP2.40	Assist management to identify and implement performance improvement projects totaling a minimum value of \$106M to meet budget targets and a tax roll-back.	10/30/2010	21%	4, 4.01	Worked with Navigant to assist CCHHS in identifying \$65-\$72M benefit savings at the hospitals and at System departments and \$2.6M at Cermak.
SP2.41	Serve as project management for performance improvement projects across the full life cycle of the project performed by external consulting firms.	10/30/2010	20%	2, 4, 4.01	Mined 450 data requests for Navigant Assessment of hospital and system. Mined 130 data requests for Cermak Assessment.
SP2.42	Generate internally managed projects with value.	9/30/2010	5%	4, 4.01	Initiated projects in four departments (Nursing, Lab, Pharmacy, Surgery, Supply Management) with a preliminary opportunity identified as \$2.1M.
SP2.43	Assist System leadership with workforce rebalancing planning (e.g. methodology, work plan, tracking tools, policy development, position control implementation).	9/30/2010	50%	5, 5.01	Phase I of II- Developed position control policy, process and tracker. Developed rebalancing work plan, calculation of financial benefit, department implementation plans and trackers to identify workforce reductions by department and name.
SP2.44	Assist System leadership with identifying opportunities for service consolidation, systematization and standardization.	4/15/2010	10%	3, 3.02, 4, 4.01	Currently reviewing organizational charts and budget to determine opportunity for service consolidation.

## FY2010 Office of Performance Improvement Operational Goals

As of January 29, 2010

Strategic Plan #	Goal and Objectives	Completion Date	% Complete	2010 Operational Plan Linkage	Status
SP2.45	Review/analyze management organizations and provide recommendations to System leadership for revisions to span of control.	4/15/2010	10%	3, 3.01, 3.02, 4, 4.01	Currently reviewing organizational charts and budget to determine opportunity for improvement in span of control.
<b>SP 4.0 Staff Development</b>			65%		
SP4.10	Serve as Paired Advisor to Team Leads; mentor CCHHS Team Leads throughout the project life cycle.	9/30/2010	20%	3.04	Currently pairing weekly with hospital CNO's, Lab Director, Pharmacy Director, Surgery Director on projects reporting Executive Steering Committee
SP4.40	Provide education and training to System leadership and managers on use of the the Sharepoint Knowledge Web tool.	6/1/2010	5%	3.04	Provided initial orientation on Knowledge Web January 2010 to System Leadership. Providing 1:1 orientation on Knowledge Web managers.
<b>SP 5.0 Leadership &amp; Stewardship</b>					
SP5.10	Assist business owners (Sponsors-System Leadership) or serve as a business owner to manage the full life cycle of select Request For Proposals ("RFP").	11/30/2010	20%	2	Wrote RFP for Select Performance Improvement Advisory Services; issued Addendums to answer vendor questions; analzed vendor solutions and coordinating internal review process. Drafted RFP for Time and Attendance.
SP5.20	Assist System leadership with evaluating external consulting performance.	11/30/2010	20%	2	Assisted Finance with the review of two external consulting firm's performance.
SP5.30	Support Finance in the development of decision support tools.	11/30/2010	8%	4.01	
SP5.31	Develop and implement a financial dashboard for System Leadership integrating the existing "Red Flag" report.	5/30/2010	10%	4, 4.01	Currently reviewing existing "Red Flag" for continued use; identifying additional enhancements to Red Flag Report. Developed financial dashboard for hospital and currently exploring automation and on-going maintenance of dashboard.
SP5.32	Manage data requests related to performance improvement initiatives.	11/30/2010	5%	4, 4.01	Currently reviewing "Experience Database" for continued use; currently evaluating cost and reimbursement for OB services. Assessing cost/benefit for surgery expansion at JS Stroger Hospital.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #2

## Cook County Health and Hospital Systems

### Year-End Revenue Summary

The Cook County Office of the Comptroller released the unaudited Revenue Report for the 12 Months Ended November 30, 2009 summarizing revenues received during the year in the Revenue Fund by the County from various sources. In summary, the report identified that the County had a positive revenue variance of \$253.9 million. Of that, \$231.3 million had been received above budgeted reimbursement from the Hospitals System through Medicaid supplemental payments (\$15.7 million) and the Disproportionate Share Funds (\$215.6 million). The county's general fund had unfavorable variances of \$167.4 million of which \$37.1 million was related to the Health System's Patient Fees. The total positive variances on revenues offset the negative variances by \$86.5 million.

The following table shows the impact of each of the Hospital Systems revenue categories compared to their budget.

Total Fees Received  
(\$ in millions)

	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>
Patient Fees	\$310.9	\$273.8	(\$37.1)
Medicaid IGT	131.3	147.0	15.1
Disproportionate Share	\$27.0	\$242.6	\$215.6
<b>Total</b>	<b>\$469.2</b>	<b>\$663.4</b>	<b>\$194.3</b>

The favorable variances for Medicaid IGT and disproportionate share were a result of negotiations with Medicaid concerning prior year reimbursements and changes in current year payments. Part of the settlement for the increase in disproportionate share was a recoupment of prior period payments totaling \$58 million. These funds were withheld from current 2009 payments. By year-end, the state had withheld \$53.1 million. Had the recoupment not been removed from the current year payments, patient fees would have totaled \$326.9 million resulting in a \$16 million positive variance.

Also as part of the settlement with Medicaid the hospital had a reduction in current year payment rates. We estimate that had the reduction not occurred the system would have received approximately \$96.4 million more revenue. In total, as shown in the table below, if the Health System had not been subject to the recoupment and a reduction in rates, patient fees would have approached \$423.3 million for a \$112.4 million positive variance.

Total Patient Fees  
(\$ in millions)

	<b>As reported</b>	<b>Recoup</b>	<b>Adjusted</b>	<b>Rate change</b>	<b>Adjusted</b>
Budget	\$310.9		\$310.9		\$310.9
Actual	273.8	\$53.1	326.9	\$96.4	\$423.3
<b>Total</b>	<b>\$(37.1)</b>		<b>16.0</b>		<b>\$112.4</b>

The office of the Comptroller also released the November 30 Statement of Appropriations, Expenditures, Encumbrances and Unencumbered Balances. As of November 30, 2009, the health fund had adjusted appropriations for the year of \$966.9 million. As of November 30, total expenditures and encumbrances were \$924.6 million or 95.6% of the budget for savings of \$42.2 million.

In conclusion, the Cook County Health and Hospital Systems contributed \$194.3million in additional resources and underspending of its budget by \$42.3 million for a total positive contribution to Cook County of approximately \$236.5 million.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #3



# **Cook County Health and Hospitals System Operations Plan FY 2010 (December 2009-November 2010)**

## **EXECUTIVE SUMMARY**

### **I. INTRODUCTION**

The Cook County Health and Hospitals System (“CCHHS”) is one of the largest and most complex public health systems in the United States. The System is comprised of Stroger Hospital, Provident Hospital, Oak Forest Hospital, the Ambulatory Community Health Network (“ACHN”), the CORE Center, the Cook County Department of Public Health, and Cermak Health Services. The governance structure of the current System was altered in 2008 in response to a recognized need to significantly improve CCHHS performance in quality, financial performance, efficiency, and service.

As the board approaches its second anniversary the organization has seen much change in its efforts to implement improvements. These improvements have included a strong focus on enhancing financial performance resulting in over \$350M of combined efficiency improvements and revenue enhancements. The financial improvements resulted in a 19% reduction in the required County tax subsidy from FY09 to our current budget for FY10. Community engagement has been another priority for the System and our strategic plan “Vision 2015” has been shared in 14 town hall meetings and with over 1,500 residents during the past year. This engagement and the resulting feedback have enabled CCHHS to refine our strategic plan in partnership with our communities. Much of the work of the last two years has been in service of laying a foundation that includes experienced senior leadership and an infrastructure of processes and systems to build upon. Through these focused improvement efforts, the System has positioned itself well for achieving our vision:

*“In support of its public health mission, CCHHS will be recognized locally, regionally, and nationally – and by patients and employees – as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally-responsible healthcare system focused on assuring high-quality care and improving the health of the residents of Cook County.”*

That being said, the purpose of this communication is to present an Operations Plan and series of recommendations for FY10 that, upon successful implementation, best position CCHHS as a quality healthcare organization ensuring a successful and sustainable future.

This year’s Operations Plan is intended to be an accountability tool that will drive both targeted improvements as well as push organizational learning. The plan has been created based on the

input of both System and local site management. It is developed to support many of the previously identified organizational goals as well as the FY10 budget.

The nine strategic levers for the coming year that are essential to CCHHS achieving its potential as an organization are: 1) leadership (Board, Medical Staff and Hospital Management); 2) financial performance; 3) efficiency; 4) quality; 5) service/satisfaction; 6) workforce excellence; 7) market share; 8) physician partnership; and 9) strategic planning. The attached Operations Plan is outlined in a stoplight format with specific goals, measures, accountable parties, and timelines. Each month an updated report will be generated and shared with management and the board. As the format is clearly “operations” by design, management will share a few specific successes and challenges each month and provide the opportunity to answer specific questions. The remainder of the Executive Summary shares a high level overview of each of the levers. These are color coded within the Stoplight Report.

## **II. LEADERSHIP**

Building a strong leadership team continues to be a major focus for FY10. Effective leadership at all levels of CCHHS (Board, Medical Staff and Management) is the key for developing a sustainable culture of clinical quality, patient service, and financial performance.

Major leadership initiatives for the coming year are focused on building an infrastructure of training, accountability, education and communication that creates sustainable systems in support of implementing the strategic plan. The leadership goals include a focus on developing a plan and function that integrates diversity within CCHHS. Goals 1-7 represent leadership initiatives for FY10.

## **III. FINANCIAL PERFORMANCE**

In FY10, CCHHS has budgeted a 19% reduction in our year-to-year County tax subsidy. We have aligned upon a \$60M improvement secondary to the work force rebalancing plan as well as a \$20M improvement due to implementation of the group purchasing agreement. A major focus of this year’s Operations Plan is achieving the FY10 budgeted cost savings.

Major financial performance initiatives for FY10 include cost reduction initiatives, continued revenue cycle performance improvement as well as developing and implementing plans in key areas of infrastructure (IT strategic plan, ERP implementation, risk management, corporate compliance, and internal audit). Additionally, the FY10 plan includes developing and implementing several goals related to our physician practices. Goals 8-23 represent financial performance initiatives for FY10.

## **IV. EFFICIENCY IMPROVEMENTS**

Significant opportunity to improve efficiency exists throughout CCHHS. Often these opportunities show up as access issues or as cost opportunities. A major focus of this year’s

Operations Plan is addressing “flow” in key areas that should result in improvements in access, satisfaction, and productivity.

Focused goals for improving efficiency in FY10 include improving flow-thru within the Stroger specialty clinics, Stroger OR, and system wide colonoscopy services. Additional goals focused on improving flow include completing the development of an internal HR and purchasing function within CCHHS. Goals 24-35 represent efficiency initiatives for FY10.

## **V. QUALITY**

Improving quality within CCHHS is perhaps the single most important lever in moving the System toward achieving its vision and mission. Quality improvement efforts will positively impact patient satisfaction, efficiency, and financial performance serving to align the overall efforts within the System.

In the coming year, quality goals will include focusing on meeting accreditation requirements, spreading a performance improvement technology (PDSA) within the organization and sharing learning, achieving “best in class” performance in focused clinical areas (OB, Surgical Services, and ED/Trauma Services) as well as in focused core measures (CHF, CAP). Goals 36-50 represent quality initiatives for FY10.

## **VI. SERVICE AND SATISFACTION**

Organizational efforts to improve patient satisfaction at CCHHS are essential to the successful implementation of the System strategic plan. Building a culture of service will require the organization to fundamentally shift its approach to many patient interactions.

The major service goals for FY10 include implementing a program that improves patient satisfaction scores at each site, addresses several opportunities at Stroger Hospital (parking, maternal child services and improving services for Latino patients), and redesigns key interface processes to better serve our patients (registration, centralized scheduling and website). These service-based goals 51-58 are represented in the spotlight report.

## **VII. WORK FORCE EXCELLENCE**

During the next 12 months, the CCHHS workforce will continue to undergo substantial change that is all in service of supporting the organizational turnaround and the implementation of the strategic plan. Ultimately, the organization’s success relies upon the development and engagement of our key asset, our employees. Upon completion of the Phase 2 reductions, CCHHS will conduct an externally led assessment of the work force satisfaction, identify opportunities for improving the employee experience, design an intervention/plan, and implement the plan. The process will be led by team consisting of front line staff from each site.

FY10 goals 59-66 will include addressing a number of issues impacting the workforce experience including implementing the dual employment policy, communicating the strategic plan, redesigning the employee performance review system, and addressing the current FMLA practices.

## **VIII. MARKET SHARE**

One of the most significant challenges for CCHHS is improving market share within both Oak Forest Hospital and Provident Hospital. Currently, each site is significantly underutilized and is not being optimally used by the communities. Targeted growth strategies for each site will be developed and assessed for implementation potential. Certainly, there is clear recognition that the strategic plan will impact these growth strategies.

For FY10 goals to grow market share at Oak Forest Hospital and Provident Hospital are outlined as 67-72 and are focused on short term (less than one year) implementation timeframes. At Oak Forest Hospital these will include assessing the potential of developing a 24-hour observation unit for the ED, opening a sleep studies center, and developing key partnerships to build the rehabilitative services business. At Provident Hospital, goals will include assessing the potential for developing a free standing urgent care center, a geriatric unit, and a hospice unit.

## **IX. PHYSICIAN PARTNERSHIPS**

CCHHS has a long-standing reputation for the strength of its partnerships with physicians. The FY10 Operations Plan includes several goals aimed at realigning System expectations with CCHHS physicians. Implementing these goals will result in a model that more closely approximates those seen in other health systems. In general, our physicians will be asked to shift a greater percentage of their employment time to direct clinical care enabling us to better serve our patients' needs. Changing the exiting model will be difficult yet necessary to assure that CCHHS is able to implement the strategic plan.

Additionally, the physician partnership goals will focus on consolidating leadership in critical service lines and implementing pilots with area federally qualified health centers (FQHCs). The FQHC pilots provide a platform to allow CCHHS to assess the opportunity to build business through these strategic alliances. Finally, a focused effort to provide funding for physician leadership and development will be created to assure that CCHHS is developing our future physician leaders.

Specific FY10 goals 73-77 include the redesign of the physician model, pilot programs within ACHN and local FQHCs, and physician leadership education

## **X. STRATEGIC PLANNING**

The operations plan is a one-year plan designed to drive strategy and tactics in support of the CCHHS Strategic Plan. This year's plan includes elements that are tightly linked to the strategic

planning process such as assessing and providing recommendations for future services at Provident Hospital and Oak Forest Hospital. The goals for FY10 also include completing assessments and recommendations for key service lines/services including the regional health centers, Maternal Child Health Services, ED/Trauma Services, and Surgical Services. A focused review of the opportunity to partner with University of Chicago at Provident Hospital is included as well.

The strategic planning goals that are included within the FY10 Operations Plan are included as 78-87 in the Operations Stoplight Report.

## **XI. SUMMARY**

The Operations Plan and recommendations being presented provide the organization a road map positioning it for a successful and sustainable future. The plan builds upon the strong organizational work of the past two years and best positions the organization for a successful and sustainable future. The nine strategic levers focus on a balanced approach to improving organizational performance. The Operations Stoplight Report that accompanies the Executive Summary will serve as a tracking tool to monitor performance and manage accountability.

## Cook County Health & Hospitals System Operations Stoplight Report-2010

**Significant Issue (SI) Red = (38%)**

**Outstanding Issue/On Track (OI/OT) Yellow = (62%)**

**Complete (C) Green = (0%)**

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
1	Develop and implement a formal leadership program that builds a three year curriculum for CCHHS leadership and incorporates competency assessment as a part of the program	System Director HR	System CEO	11/30/2010			SI
2	Develop and implement an annual communication plan. The plan should be based on a needs assessment and incorporate evidence-based methods aimed at improving communication within CCHHS	System Director Public Relations	System CEO	3/31/2010			SI
3	Develop and implement a Board of Trustees Education Program that includes three year curriculum	System CEO	Board of Directors	4/30/2010			SI
4	Develop Department Chair/System Director/Physician Leadership Education Program that includes a three year curriculum	System CMO	Director Education	4/30/2010			SI

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
5	Implement Monthly Operating Reviews ("MORs") for each operating site in support of building a culture of accountability	System COO	System Director Operations	2/28/2010			OI/OT
6	Establish CCHHS system level diversity program including: <ul style="list-style-type: none"> <li>- director level position</li> <li>- education and training</li> <li>- system level focus</li> </ul>	CEO	System Director HR	5/31/2010			SI
7 (Stroger)	Develop and implement a collaborative "Innovation Initiative" that achieves: <ul style="list-style-type: none"> <li>- hospital wide learning around innovation strategies</li> <li>- successfully improves a system or process impacting patient care</li> <li>- provides a forum for spreading learning</li> </ul>	Stroger CMO	Stroger COO and Stroger CNO	9/30/2010			SI
8	Achieve the CCHHS FY10 Operating Budget including incorporating \$80M budgeted savings and \$26M reduction related to tax roll back	Senior Mgmt	System COO	11/30/2010			SI

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
<b>9</b>	Perform a comprehensive assessment of CCHHS physician resources and provide recommendations for restructuring that ensure: <ul style="list-style-type: none"> <li>- clearly defined expectations based on the CARTS model</li> <li>- clearly communicated expectations</li> <li>- rebalancing to achieve cost savings as defined by Navigant</li> <li>- performance improvement in terms of access, quality, service and efficiency</li> </ul>	System CMO	Site CMOs	5/31/2010			<b>SI</b>
<b>10</b>	Manage the revenue cycle improvement project and achieve targeted savings	VP Revenue Cycle	System CFO	11/30/2010			<b>OI/OT</b>
<b>(11) CCDPH</b>	Implement complete online Physician documentation (Power Note) across the System	CIO System	CMO System	11/30/2010			<b>SI</b>
<b>12</b>	Develop and implement a comprehensive Internal Audit function within CCHHS	Director of Internal Audit	Audit Committee of Board	6/30/2010		Director has presented overview of process to build and implement function.	<b>OI/OT</b>



## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
13	Develop and implement a comprehensive Risk Management function within CCHHS	Director of Risk Mgmt	CCHHS General Counsel	6/30/2010		In hiring process currently	OI/OT
14	Develop and implement a comprehensive Corporate Compliance function within CCHHS	Director of Corporate Compliance	Compliance Committee of Board	6/30/2010		Director has presented overview of process to build and implement function.	OI/OT
15	Formally evaluate the opportunity to outsource system food and environmental services resulting in: <ul style="list-style-type: none"> <li>- annualized savings of at least \$5M</li> <li>- measurable improvement in quality and service</li> </ul>	System COO	System CFO	5/31/2010			OI/OT
16	Complete reductions outlined in Phase 1 and Phase 2 of Workforce Rebalancing Plan: <ul style="list-style-type: none"> <li>- achieve budgeted savings</li> <li>- accomplish management restructuring</li> </ul>	System COO	System CCO and System CMO	4/30/2010		Phase 1 reductions have eliminated approximately 1000 FTE positions (vacant and filled). Phase 2 has identified 350 positions for elimination and is in planning stages.	OI/OT
17 (ACHN)	Develop and implement 90 day Plan to improve performance within ACHN. Plan must measurably improve: <ul style="list-style-type: none"> <li>- quality</li> <li>- financial performance/efficiency</li> <li>- access/service</li> </ul>	ACHN COO	ACHN CMO and ACHN CNO	2/28/2010		Plan development underway.	OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
18	Develop and begin implementation of an IT Strategic Plan	System CIO	System CEO	11/30/2010			OI/OT
19	Manage the ERP implementation to time and budget including general ledger, payroll, materials management, and human resources	System CFO	System CIO and System COO	11/30/2010		General ledger complete. Working on interface with County regarding human resources, materials management and accounting.	OI/OT
20	Improve process for charging for professional fees throughout CCHHS and increase fees by 25% comparing FY09 versus FY10	VP Revenue Cycle	System CFO	11/30/2010			SI
21 (CORE)	Increase extra-mural funding (\$8.8 million in 2009) by 5%	CORE COO		11/30/2010			SI
22 (CCDPH)	Conduct an assessment of the WIC grant program administered by CCDPH for its future direction in fiscal year 2012 and collaboration with other System components	CCDPH COO	CCDPH CNO	6/30/2010		Delayed due to H1N1	SI
23 (CCDPH)	Implement 100% Electronic Medical Records. Install and implement the use of the Cerner system throughout the CCDPH clinical operation. Also, integrate existing CCDPH clinical information systems with the Cerner application	CCDPH COO	System CIO	11/30/2010			OI/OT
24	Implement a daily productivity management system and demonstrate consistent staffing as compared to national benchmarks	Director PIP	System COO and site COOs	7/31/2010		Program development is part of performance improvement RFP.	OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
25	Implement CareLink Program within all CCHHS sites	VP Revenue Cycle	System CFO	3/31/2010			OI/OT
26	Develop and implement Patient Access Strategy throughout CCHHS. Measurably improve: <ul style="list-style-type: none"> <li>- average wait times in clinic sites</li> <li>- availability of appointments.</li> <li>- patient satisfaction</li> <li>- conversion rates to Medicaid/Medicare</li> </ul>	VP Revenue Cycle	System COO and local COOs	7/31/2010		Initial plan design has been completed.	OI/OT
27	Centralize and integrate building and trades functions within CCHHS including: <ul style="list-style-type: none"> <li>- hire a system director</li> <li>- assure the ability to move workforce within CCHHS</li> </ul>	System COO	System Director HR	5/31/2010		Job description written and position to be posted. Recruitment underway.	OI/OT
28 (Stroger)	Improve flow-thru for Stroger Hospital OR patients by at least 10% comparing FY09 and FY10	System Director Periop. Services, System Chair Surgery	Stroger COO, CNO, and CMO	11/30/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
29	Fully develop an internal capacity for providing HR functions within CCHHS that include: <ul style="list-style-type: none"> <li>- define industry benchmarks</li> <li>- demonstrate improvement on selected benchmarks</li> <li>- negotiate with labor to improve the current displacement process</li> </ul>	System Director HR	System CEO	11/30/2010			OI/OT
30	Fully develop an internal capacity for providing purchasing functions within CCHHS that include: <ul style="list-style-type: none"> <li>- demonstrate improvement on selected benchmarks</li> <li>- relocation of key processes within CCHHS (including contract compliance)</li> </ul>	System Director Supply Chain Mgmt	System COO	6/30/2010			OI/OT
31 (CCDPH)	Implement 100% Electronic Environmental Health Inspection & Communicable Disease Control Records. Automate the Environmental Health Services Unit and Communicable Disease & Control Unit.	CCDPH COO	CCDPH Director Information Systems	10/30/2010			SI
32	Improve flow-thru for Stroger, Oak Forest and Provident Hospital colonoscopy patients by at least 25% comparing FY09 and FY10 <ul style="list-style-type: none"> <li>- Decrease backlog by 50%</li> </ul>	System Director Periop. Services, Stroger COO, Oak Forest COO, Provident COO	Stroger CMO Oak Forest CMO Provident CMO	11/30/2010			SI

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
33	Establishment of system-wide Float Pool (in house registry)for Nursing /Patient Care <ul style="list-style-type: none"> <li>- Gather information of best practices</li> <li>- Create task force to develop proposal for float pool (nursing staff and management, HR, finance)</li> </ul>	System CCO	System Director HR	6/30/2010			OI/OT
34	Assure that lab consolidation remains on track with plan (ACHN, Provident, and Oak Forest) <ul style="list-style-type: none"> <li>- evaluate opportunity to consolidate services within IMD</li> </ul>	System CCO	System Lab Director	5/31/2010			OI/OT
35 (ACHN) (Stroger)	Improve flow-thru for Stroger Hospital specialty clinic patients by at least 10% comparing FY09 and FY10	ACHN COO Stroger COO	ACHN CMO ACHN CNO Stroger CMO	11/30/2010			SI
36	Maintain full accreditation status with Joint Commission at all CCHHS sites	System CMO, System CCO and System COO	Local site senior management	11/30/2010			SI

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
37	Achieve accreditation at Cermak	Cermak COO	Cemak CMO Cermak CNO	11/30/2010			OI/OT
38	Identify and implement a plan that measurably decreases the occurrence of line sepsis in CCHHS patients.	System CMO	Site CMOs	11/30/2010			OI/OT
39	Each CCHHS department will complete at least one performance improvement using PDSA methodology and: <ul style="list-style-type: none"> <li>- Incorporate front line staff education</li> <li>- Incorporate medical staff involvement</li> <li>- include a forum to share learning</li> </ul>	System CMO and System CCO	System Director of Quality	9/30/2010			SI
40	Achieve "best in class" performance in CCHHS ED/Trauma operations as measured by consistently exceeding established benchmarks/goals	System Chair ED Services	System CMO and System CCO	11/30/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
41	Achieve "best in class" performance in CCHHS OR operations as measured by consistently exceeding established benchmarks/goals	System Director Surgery	System Chair Surgery and System Chair Anesthesia	11/30/2010			OI/OT
42	Redesign the overall quality structure and function within CCHHS and implement the new structure	System CCO and System CMO	System Director Quality	6/30/2010			SI
43	Develop and implement a system level dashboard for the BOT	Director PIP	System COO	5/31/2010			SI
44	Achieve and maintain "best-in-class" performance in CHF care as measured by the Core Measures at all CCHHS sites	System Chair Critical Care System Chair Cardiology	System CMO and System CCO	11/30/2010			OI/OT
45	Achieve and maintain "best-in-class" performance in Pneumonia care as measured by the Core Measures at all CCHHS sites	System Chairs of Critical Care & Pulmonary Care	System CMO and System CCO	11/30/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
46	Maintain measurable "best-in-class" performance in OB care (as measured by industry benchmarks)	System Chair of OB	System CMO, and System CCO	11/30/2010			OI/OT
47	Development of Patient Safety and Quality Structure for Nursing: <ul style="list-style-type: none"> <li>- recruit and hire Patient Safety and Quality Director (in conjunction with CMO)</li> <li>- identify current nursing quality measures and nursing sensitive indicators within sites</li> <li>- establish structure for review and reports, Create Nursing Dashboard</li> </ul>	System CCO	Local Site CNOs	8/31/2010			OI/OT
48	Complete Periodic Performance Review evaluations for each site. All deficient standards fully compliant (based on action plans submitted)	Local Site Senior Mgmt	Local Site Director Quality	Dates specific to each site			SI
49 (CORE)	Increase the number of persons tested for HIV (~24,000 in 2009) by 5%	COO CORE	CMO CORE	11/30/2010			SI
50 (CCDPH)	Integrate 75% of the public health TB prevention, care, and control program with the System Pulmonary and Critical Care Medicine Division to increase program effectiveness, maximize the sharing of personnel and training opportunities, and reduce the impact of TB in the jurisdiction	COO CCDPH	System Chair Pulmonary System CMO	11/30/2010			OI/OT



## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
51	Improve the overall patient satisfaction score on Press-Gainey survey and demonstrate improvement at each site on patient satisfaction surveys	Local Site Senior Mgmt	System COO System CMO System CCO	11/30/2010			SI
52 (Stroger)	Develop and implement short term solution to parking challenges that improves access for patients and families	Stroger CFO	Stroger COO	2/15/2010			OI/OT
53	Design and implement a pilot project at Stroger Hospital that redesigns patient care around the needs of our maternal-child patients and families - achieve 25% improvement in satisfaction score	Stroger CMO	Stroger CNO	8/31/2010			SI
54	Implement a centralized scheduling function for outpatient services as a part of an integrated plan to improve patient access	System VP Revenue Cycle	System CFO	8/31/2010			OI/OT
55	Redesign web-site to be more patient focused	Director Public Relations	System CIO	6/30/2010			OI/OT
56 (Stroger)	Develop and implement a plan to improve services for Latino patients within Stroger Hospital	Stroger COO	Stroger CNO	7/31/2010			SI

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
57	Relocate OB services from the Fantus Clinic to Stroger Hospital enhancing the experience for our patients	Stroger COO	ACHN COO	8/31/2010			SI
58 (CORE)	Increase out-patient satisfaction based on annual evaluation by 5% for each area targeted by CORE Center survey of 2009	COO CORE		11/30/2010			SI
59	Develop a plan to successfully implement a policy that addresses the issue of dual employment among CCHHS providers	System CMO	System Director HR	5/31/2010			OI/OT
60	Initiate an employee satisfaction survey and subsequently develop/implement a comprehensive plan to improve the employee experience within CCHHS	System Director HR	System COO	11/30/2010			SI
61	Develop and implement a targeted plan that assures >95% compliance with FMLA benefit policy	System Director HR	System CCO	5/31/2010			SI
62	Communicate in multiple formats the new CCHHS strategic plan to all CCHHS employees, physicians and key stakeholders	CEO	Director Public Relations	9/30/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
63	Implement a redesigned employee performance review system to be used throughout CCHHS	Director HR	General Counsel	11/30/2010			SI
64	Develop System-wide Nursing Professional Development and Education department: <ul style="list-style-type: none"> <li>- recruit and hire a Director</li> <li>- complete an educational assessment process.</li> <li>- review current Affiliations and establish new process for identification and inclusion.</li> <li>- rebalance Educational resources to meet identified need.</li> </ul>	System CCO	Director of Nursing Professional Development and Education  General Counsel	8/31/2010			OI/OT
65 (Provident)	Develop an internet based system for assuring annual competencies. The pilot program should be designed with the intent of spreading the program throughout CCHHS	Provident HR Director	Provident COO	7/31/2010			SI
66 (CCDPH)	Develop, implement, update, and publish the CCHHS Emergency Management Plan	CCDPH COO	CCDPH Deputy Director	11/30/2010			SI
67 (Provident)	Develop and present to senior leadership a business plan for developing a hospice unit at Provident Hospital	Provident COO	Provident CMO Provident CNO	5/31/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
<b>68 (Provident)</b>	Develop and present to senior leadership a business plan for developing a free standing urgent care center at Provident	Provident COO	Provident CMO Provident CNO	5/31/2010			<b>OI/OT</b>
<b>79 (Oak Forest)</b>	Develop and present to senior leadership a business plan for developing a 24 hour observation ED at Oak Forest Hospital	Oak Forest COO	Oak Forest CMO Oak Forest CNO	5/31/2010			<b>OI/OT</b>
<b>70 (Oak Forest)</b>	Develop and present to senior leadership a business plan for developing a sleep studies center at Oak Forest Hospital	Oak Forest COO	System Chair Critical Care	5/31/2010			<b>OI/OT</b>
<b>71 (Oak Forest)</b>	Develop and present to senior leadership a business plan for developing a comprehensive expansion of rehabilitation services at Oak Forest Hospital	Oak Forest COO	System Chair Rehabilitation Medicine	5/31/2010			<b>OI/OT</b>

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
<b>72 (CCDPH)</b>	Conduct a full assessment of the (CCDPH) and the Chicago Department of Public Health programs to explore continued operational sharing to reduce personnel and impersonal costs while meeting their respective mandated responsibilities	CCDPH COO	CCDPH Policy Director	11/30/2010			<b>OI/OT</b>
<b>73</b>	Designing and implementing pilot projects at two ACHN sites that measurably improve access, productivity, financial performance, and patient/employee satisfaction	ACHN COO	ACHN CMO and ACHN CNO	8/31/2010			<b>OI/OT</b>
<b>74</b>	Redesign physician/provider accountability model to ensure that CCHHS physicians/providers are: <ul style="list-style-type: none"> <li>- providing clinic hours on weekends and evenings</li> <li>- on average providing clinical hours (direct patient care) at least 80% of time</li> <li>- meet or exceed established productivity standards</li> <li>- meet or exceed established quality/service standards</li> </ul>	System CMO	Local site physician leadership	6/30/2010			<b>SI</b>
<b>75</b>	Develop a physician leadership and development program that invests \$250,000 annually in educating and training our physician leaders	System CEO	System CMO	3/31/2010			<b>OI/OT</b>

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
76	Develop and implement a single administrative and clinical leadership structure for all adult critical care services	System CMO	System Chair Critical Care	4/31/2010			OI/OT
77	Develop and implement two pilot projects with Federally Qualified Health Centers aimed at building a partnership model that can be successfully replicated and spread within CCHHS	System COO	System CMO	6/30/2010		Family Christina Health Center and Alivio Medical Center have been identified as potential project partners and initial meetings have occurred with each.	OI/OT
78	Develop a formal service line analysis for Maternal Child Services and present to system leadership	System COO	System CCO	4/30/2010		Planning work is underway. Team design is almost completed. Initial meeting is being planned for February.	OI/OT
79	Develop and implement IT Strategic Plan that includes electronic health record within five year timeline	System CIO	System COO/CFO	8/31/2010			OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
80	Develop a formal service line analysis for ED/Trauma Services and present recommendations to system leadership	System CMO	System CCO	4/30/2010		Planning work is underway. Team design is almost completed. Initial meeting is being planned for January.	OI/OT
81	Develop a formal service line analysis for Surgical Services and present recommendations to system leadership	System COO	System COO	4/30/2010		Planning work is underway. Team design is almost completed. Initial meeting is being planned for January.	OI/OT
82	Develop a formal service line analysis for the Regional Health Center concept and present recommendations to system leadership	System COO	System CMO	4/30/10		Planning work is underway. Team design is almost completed. Initial meeting is being planned for January.	OI/OT
83	Complete a formal need-based assessment of the services appropriate for Provident Hospital and present recommendations to system leadership	System COO	System CCO and System CMO	5/31/2010		Planning work is underway. Team design is almost completed. Initial meeting is being planned for January.	OI/OT
84	Complete a formal need-based assessment of the services appropriate for Oak Forest Hospital and present recommendations to system leadership	System COO	System CCO and System CMO	5/31/2010		Planning work is underway. Team design is almost completed. Initial meeting is being planned for January.	OI/OT

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
85	Present a comprehensive strategic plan including a 5 year financial plan to the system board for approval	System CEO		6/30/2010			OI/OT
86	Develop and implement a comprehensive marketing plan that strategically improves the CCHHS image within the market	System Director Public Relations	System CEO	8/30/2010			OI/OT
87 (CCDPH)	Conduct the third strategic 5 year health plan assessment for the jurisdiction and publish the report. Also, obtain state re-certification of the agency based on the submission of this 5 year strategic health plan	CCDPH COO	CCDPH Policy Director, Director of Prevention Services	11/30/2010			SI





# **Cook County Health and Hospitals System Operations Plan FY10**

Report to the Board of Trustees  
January 29, 2010



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM**  
**CCHHS**

# 2010 Operations Plan

- The 2010 Operations Plan for CCHHS provides a “road map” for FY 2010 and creates a foundation for a successful and sustainable future.
- The 2010 Operations Plan contains 87 “stretch” goals. Achieving even 80% of these will require very focused efforts throughout CCHHS.

# 2010 Operations Plan

- Plan created based on input from senior leadership throughout CCHHS
- Establishes “operations” plan that supports:
  - System integration
  - FY 10 Budget
  - Culture of accountability
  - Metric-based management

# 2010 Operations Plan

- Focuses on managing 9 key areas of leverage
  - Leadership
  - Financial Performance
  - Efficiency
  - Quality
  - Service/Satisfaction
  - Workforce Excellence
  - Market Share
  - Physician Partnerships
  - Strategic Planning

⟨3⟩



# Leadership Initiatives

- Leadership Program
- Communication Plan
- Board Education Program
- Physician Leadership Program
- Monthly Operating Reviews
- Diversity Program
- Innovation Initiative



# Financial Performance Initiatives

- Achieve FY 10 Budget
- Physician Restructuring
- Revenue Cycle Improvement
- Develop and Implement – Internal Audit, Corporate Compliance, Risk Management
- Evaluate Outsource Management Opportunities
- Complete Work Force Rebalancing Plan
- ACHN Improvement Plan
- IT Strategic Plan
- ERP Implementation





# Efficiency Initiatives

- Implement Daily Productivity Management System
- Implement CareLink
- Implement Patient Access Strategy
- Centralize Building & Trades
- Improve Flow/Access – OR, Specialty Clinics, and Colonoscopy Patients
- Expand CCHHS HR and Purchasing
- CCDPH Automation
- Lab Consolidation
- System Wide Float Pool

# Clinical Quality Improvement Initiatives

- Maintain or Improve Accreditation Status
- Achieve Accreditation at Cermak
- All CCHHS Departments perform PI project using PDSA that includes front line staff
- Best-in-class Core Measures, ED/Trauma Operations, OR operations, and OB Operations
- Redesign CCHHS Quality Structure (system dashboard, nursing plan, patient safety)
- Increase HIV Screening
- Integrate CCDPH TB Program with CCHHS





# Service and Satisfaction Initiatives

- Improve Patient Satisfaction Scores
- Parking Solution for Stroger Hospital
- MCH Service Initiative at Stroger Hospital
- Centralized Scheduling
- Redesign Website to be Patient Focused
- Improve Services for Latino Patients
- System Use of Cerner
- Redesign Women's Services at Stroger Hospital



# Work Force Excellence Initiatives

- Dual Employment Policy and Compliance
- Employee Satisfaction Survey and Plan
- FMLA Benefit Compliance
- Communicate CCHHS Strategic Plan
- Redesign Employee Performance Review System
- System Nursing Development/Education



# Market Share Initiatives

- Business Plans for Provident Hospital including Urgent Care, Hospice, Geriatric Unit
- Business Plans for Oak Forest Hospital including 24 Hour OBS Unit, Expansion of Rehab Services and Sleep Studies Center

# Physician Partnership Initiatives

- Implement 3 ACHN Physician Led Pilot Projects
- Implement Provider Accountability Plan
- Physician Leadership Program
- Integrate Critical Care Leadership
- Implement 2 ACHN Partnership Pilots

# Strategic Planning Initiatives

- Develop Formal Service Line Analyses for MCH, ED/Trauma, Surgery, Regional Health Centers
- Develop Formal Needs Based Assessment of Services for PH and OFH
- Complete CCHHS Strategic Plan
  - Include financial plan, marketing plan and IT plan
- CCDPH Strategic Plan

# Cook County Health & Hospitals System

## Cook County Health & Hospitals System Operations Stoplight Report-2010

Ops Number	Description	Assignee	Co-Assignee	Due Date	Revised Due Date	Comments	Status
1	Develop and implement a formal leadership program that builds a three year curriculum for all CCHHS leadership and incorporates competency assessment as a part of the program	System Director HR	System CEO	11/30/2010			SI
2	Develop and implement an annual communication plan. The plan should be based on a needs assessment and incorporate evidence-based methods aimed at improving communication within CCHHS	System Director Public Relations	System CEO	3/31/2010			SI
3	Develop and implement a Board of Trustees Education Program that includes three year curriculum	System CEO	Board of Directors	4/30/2010			SI



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #4

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY 2010 CCHHS SYSTEM LEADERSHIP GOALS**

Goal #	Task	Staff	Completion Date	Status
1	<b>Approve strategic plan including 5-year financial plan.</b>	CEO	6/30/10	Analytic design has been completed; database determined. Awaiting programmatic changes to be defined by the operating task forces.
	Develop a comprehensive marketing and communications plan to educate the County Board, elected officials and public regarding the plan and enhance CCHHS' image in the market.	Director of Public Relations	8/30/10	
2	<b>Complete Enterprise Resource Planning (ERP) system implementation including general ledger, payroll, materials management and human resources.</b>	CFO and CIO	11/30/10	General ledger complete. Working on interface with County regarding human resources, materials management and accounting.
3	<b>Design and implement a management restructuring and development plan.</b>	System Leadership	6/30/10	
	Complete management assessment.		3/31/10	
	Restructure system-wide management.		4/30/10	
	Establish a leadership development program.		11/30/10	
4	<b>Achieve the CCHHS FY10 operating budget including.</b>	System Leadership	11/30/10	
	Incorporating \$80M budgeted savings and \$26M reduction related to tax roll back.			Developing process for implementing \$106 million reductions.
5	<b>Complete workforce rebalancing plan.</b>	System Leadership	8/31/10	Phase I reductions have eliminated approximately 1,000 FTE positions (vacant and filled). Phase II has identified 350 positions for elimination and is in planning stages.
	Achieve budgeted savings.			



Goal #	Task	Staff	Completion Date	Status
6	<b>Implement system-wide quality, patient safety and risk management structure.</b>	CEO, CCO, CMO, General Counsel and Director of Quality and Patient Safety.		Structure has been developed.
	Recruit System Director of Quality and Patient Safety and appropriately staff department;		6/30/10	Recruitment process for Director of Quality is underway (early stages).
	Recruit System Director of Risk Management and appropriately staff department.		3/31/10	Recruitment process for Director of Risk Management interviewing final candidates.
	Complete and implement quality reorganization plan.		9/30/10	
	Implement complete online Physician documentation (Power Note) across the System.		11/30/10	
	Achieve HIMSS Level 6 for the Emergency Department across the System.		11/30/10	
	Maintain accreditation status at all member organizations.			
	Achieve Best in Class Performance in SCIP, CHF, CAP and AML.		11/30/10	
7	<b>Develop and implement a service excellence plan with focus on: employee satisfaction, patient satisfaction and cultural diversity.</b>	System Leadership	11/30/10	
	Recruit System Director of Multi-Cultural Affairs.			
	Measurable improvement in system-wide Press-Gainey patient satisfaction survey scores.			
	Conduct baseline employee satisfaction survey.			
8	<b>Develop and implement comprehensive Internal Audit and Corporate Compliance functions within CCHHS.</b>	Director of Internal Audit and Director of Corporate Compliance	6/30/10	Directors have presented organizational plans to build and implement functions.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #5

**System Leadership Goal 1 – Approve strategic plan including 5-year financial plan.****February 11<sup>th</sup>**

<b>Task</b>	<b>Status</b>
Conduct Assessment of Healthcare Needs vs. Availability	
Drill down on population base needs assessment	
Build on regional health resource profile	
Develop service line planning template, conduct kick-off meetings	
Determine key gaps in clinical program and community needs	

**March 26<sup>th</sup>**

<b>Task</b>	<b>Status</b>
Design the Optimal Delivery System Configuration	
Outline objectives for primary and specialty care within System	
Facilitate service line design: high priority clinical services and selected other service lines	
Evaluate needs/options re: optimal service locations	
Facilitate working sessions: shared vision re: System design	
Translate vision into recommended clinical platform by site	
Project volumes, staffing and support service requirements	
Conduct meetings with key organizations and prospective partners	

**April 30<sup>th</sup>**

<b>Task</b>	<b>Status</b>
Document the Case for Recommended Delivery Configurations	
Determine resource requirements – recommended platform	
Define partner relationships and service provisions	
Develop financial proformas-recommended platform	
Evaluate costs versus benefits vis a vis current state	
Make best-case determination re: Provident & Oak Forest sites	

**May 27<sup>th</sup>**

Task	Status
Establish System Priorities, Timetables & Financial Plans	
Identify 1-Year, 2-Year and 3-5 Year Developmental Priorities	
Develop Action Plans: Initiatives & Timetables	
Complete development of 5-Year Finance Plan	

**June 25<sup>th</sup>**

Task	Status
Communicate the Plan to Key Stakeholders & Constituencies	
Develop/execute communications & PR strategies	
Meet with key constituencies	

**June 25<sup>th</sup>**

Task	Status
Complete Plan for Board Approval	
Conduct meetings: key stake holders	
Make final report revisions	

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #6



## Joint Provident Consulting Project

The University of Chicago (UCMC) and Cook County Health and Hospitals System (CCHHS) anticipate jointly hiring a consultant to help the two institutions assess the feasibility of expanding both the inpatient and outpatient offerings at Provident Hospital through a collaborative initiative in which CCHHS retained administrative control and UCMC provided the bulk of the medical staff.

The anticipated scope of work has five components, separated into two phases

### Phase I – Completed by April 1

1. Market assessment
2. Facility assessment
3. Financial assessment
4. “Go/No-Go” decisions

### Phase II – Completed by July 1

5. Detailed clinical configuration
6. Assistance in development of business plan

### **Consultant Section**

Six potential firms were jointly selected to receive a Request for Engagement.

Name	Firm
Alan Zuckerman	Health Strategies and Solutions
Brian Sanderson	Crowe Horwath LLP
Bruce Vladeck	Nexera
David Zito	Navigant
Gary Ahlquist	Booz & Company
Kathy Kronenberg	Insight Health

Five of the six firms responded. Two firms were eliminated, one because the firm proposed to partner with a group that been earlier eliminated by potential conflicts and the other because its proposed prices were more than an order of magnitude greater than the next highest proposal. The other three firms were invited to present to a group of managers from each institution.

The reviewing group recommended Health Strategies & Solutions (HS&S). HS&S is Philadelphia-based but has Chicago market experience. HS&S had the lowest price of the three presenting firms, but also reflected substantial substantive advantages including the fact their team has a long history of working together, their team is small and dominated by firm principals, they have specific experience working on similar projects, and their style seemed most suited to bring the two parties to a common understanding of the issues around a potential partnership.

over-

Conversation around the specifics of contracting is now under way. The general approach anticipated is for UCMC to contract with HS&S and CCHHS to make an agreement with UCMC to reimburse half of the costs. The agreement with UCMC will be brought to the Finance Committee on February 19 and the Board on February 26. The proposed costs for the project were \$140K-160K for Phase 1 and a similar amount for Phase 2.

The contract will be managed by a small Joint Steering Committee and Mike Koetting will provide lead staffing for the project. Current anticipation is for a brief update at the February Board meeting and a much more substantial discussion in March, prior to the conclusion of Phase 1.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #7



**DRAFT**

**R-10-01**

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
BOARD OF DIRECTORS**

**RESOLUTION**

**Sponsored by**

**WARREN L. BATTS, CHAIR, JORGE RAMIREZ, VICE CHAIR,  
DAVID A. ANSELL, M.D., THE HONORABLE JERRY BUTLER, DAVID CARVALHO,  
QUIN R. GOLDEN, BENN GREENSPAN, Ph.D., SISTER SHEILA LYNE, RSM,  
LUIS MUNOZ, M.D., HEATHER E. O'DONNELL, AND ANDREA ZOPP  
DIRECTORS**

**WHEREAS**, John M. Raba, M.D., has dedicated the lion's share of his distinguished medical career to caring for the medically underserved residents of Cook County, Illinois; and

**WHEREAS**, Dr. Raba recently ended his second "tour of duty" as a physician working to provide quality medical care to all residents of Cook County; and

**WHEREAS**, Dr. Raba began his medical career as an intern in Medicine at Cook County Hospital, from July 1974 to June 1975, followed by an Internal Medicine Residency at Cook County Hospital from July 1975 to June 1977; and

**WHEREAS**, Dr. Raba earned his stripes as a leader among County physicians when, in 1975, as President of the House Staff Organization, he was one of the leaders of the first physicians' strike in Illinois history, and the longest in the nation, and went to jail for contempt of the Court's back-to-work order; and

**WHEREAS**, Dr. Raba has been an Attending Physician caring for patients within various departments in the County's healthcare facilities since 1978, and served in various leadership roles during this time; and

**WHEREAS**, while serving as the Chief Medical Officer of Cermak Health Services of Cook County, the health facility located within the Cook County Department of Corrections, Dr. Raba passionately advocated for the right of detainees to quality medical care and humane treatment, and ultimately became a nationally renowned expert in correctional healthcare; and

**WHEREAS**, during his tenure with the County, Dr. Raba earned the genuine affection and respect of his patients and colleagues through his high degree of professional competence, quiet confidence, good humor, determination and dedication to quality care; and

**WHEREAS**, Dr. Raba was known to be a resident historian of the “Old Cook County Hospital” often giving tours to new employees around the more memorable historical sites, including the inspirational memorials located in Pasteur Park dedicated to physicians who are responsible for major advances in medical care; and

**WHEREAS**, after retiring from County service in 2003, Dr. Raba was enticed to come back to the County to become the first Chief Medical Officer of the newly established Cook County Health and Hospitals System where his leadership and contributions proved invaluable; and

**WHEREAS**, to know Dr. Raba is to know that, in his youth, as the #1 caddy at the Beverly Country Club, he once caddied for golf legend Arnold Palmer, and that Mr. Palmer fired Young Jack for his bold comments, although he subsequently re-hired him; and

**WHEREAS**, upon leaving the Cook County Health and Hospitals System, Dr. Raba will continue his mission to care for the medically underserved through his consulting work with safety net hospitals throughout the United States, and through his continuing work with correctional healthcare facilities; and

**WHEREAS**, the people of Cook County are grateful to Dr. Raba’s wife, Susie, and his children, Amanda and Daniel, for sharing their husband’s and father’s time with the residents of Cook County.

**NOW, THEREFORE, BE IT RESOLVED**, that the Board of Directors of the Cook County Health and Hospitals System, on behalf of the more than five million residents of Cook County served by the System, does hereby gratefully acknowledge John M. Raba, M.D. for his extraordinary abilities, superior leadership and unwavering commitment to making quality medical care accessible to all residents of Cook County.

Approved and adopted this 29<sup>th</sup> day of January, 2010.

WARREN L. BATTS  
Chair, Board of Directors

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
January 29, 2010

ATTACHMENT #8

# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>DATE:</b> January 20, 2010		<b>PRODUCT/SERVICE:</b> For construction of Residential Treatment Unit (RTU) - Reception Classification Diagnostic Center (RCDC) Building at the Department of Corrections	
<b>TYPE OF REQUEST:</b> Permission To Advertise		<b>VENDOR/SUPPLIER:</b> TBD	
<b>SELECTION METHODOLOGY:</b>		<b>BID</b>	
<b>ACCOUNT #:</b> 20000		<b>FISCAL IMPACT:</b> TBD	<b>GRANT FUNDED AMOUNT:</b> N/A
<b>CONTRACT PERIOD:</b> N/A		<b>REQ#/CONTRACT#:</b>	
<b>REQUESTING DEPT/AFFILIATE:</b> Office of Capital Planning & Policy		<b>SPONSOR:</b> Bruce Washington	
<b>IS THIS REQUEST THE LOWEST BIDDER/SUPPLIER?:</b> N/A		<b>IS THIS CONTRACT SOLE SOURCE? :</b> No	

### Justification:

This project will provide a new facility to combine and house the Reception Classification Diagnostic Center which processes admissions into the Department of Corrections (DOC), Cermak Health Services of Cook County and the Residential Treatment Unit. The program includes new intake, holding, and processing areas, clinics, medical services and associated administrative functions, dormitories and auxiliary dormitory functions. In recent years, this system has had to respond to the demands of increasing numbers of inmate admissions and mental health evaluations and treatment. The existing RCDC and RTU facilities can no longer accommodate the volume of admissions, screenings and care required. The facilities are overcrowded, basic amenities are inadequate, building systems are outdated and in some cases non-functional.

The new facility will meet current 'Essential Standards' set by the National Commission on Correctional Health Care and the American Correctional Association and is required for maintaining accreditation and will provide for an efficient and orderly intake process including, screening and provision of care.

This project was included in the 2009 Capital Improvement Program projects approved by the Board of Commissioners on April 2, 2009.

**TERMS OF REQUEST:** (see above)

**HAS THIS BEEN REVIEWED BY CONTRACT COMPLIANCE?** N/A

**WHAT PERCENTAGE OF THIS CONTRACT IS MBE/WBE?**

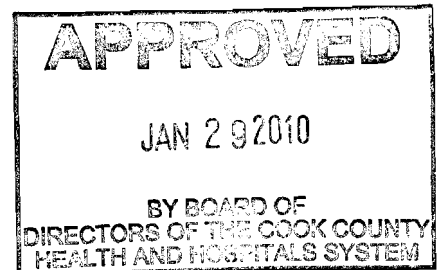
### ATTACHMENTS

**BID TABULATIONS:** N/A

**CONTRACT COMPLIANCE MEMO:** N/A

**CCHHS COO:**   
Anthony Tedeschi, Chief Operating Officer

**CCHHS CFO:**   
Michael Ayres, Chief Financial Officer



**Request #**  
**1**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

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# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>DATE:</b> January 21, 2010		<b>PRODUCT/SERVICE:</b> For architecture and engineering services for the Emergency Management Agency (EMA), President's Office of Employment Training (POET), and the Department of Public Health (CCDPH) relocation to Oak Forest Hospital of Cook County	
<b>TYPE OF REQUEST:</b> Enter into contract		<b>VENDOR/SUPPLIER:</b> Wold Architects and Engineers, Palatine, Illinois	
<b>SELECTION METHODOLOGY:</b> Request for Qualifications/Proposals		<b>BID/RFP/PURCHASING CONSORTIA/COMPARABLE GOVERNMENT BID</b>	
<b>ACCOUNT #</b> Bond Issue (20000 Account)	<b>FISCAL IMPACT:</b> \$760,000.00	<b>GRANT FUNDED AMOUNT:</b> N/A	
<b>CONTRACT PERIOD:</b>		<b>REQ#/CONTRACT#:</b> N/A	
<b>REQUESTING DEPT/AFFILIATE:</b> Capital Planning and Policy		<b>SPONSOR:</b> Bruce Washington, Director	
<b>IS THIS REQUEST THE LOWEST BIDDER/SUPPLIER?</b> N/A*		<b>IS THIS CONTRACT SOLE SOURCE?</b> No	

### JUSTIFICATION:

This is a request for CCHHS Board review and concurrence on the recommendation for authorization for the Purchasing Agent to enter into a contract with Wold Architects & Engineers, Palatine, Illinois, for architecture and engineering services for the Emergency Management Agency (EMA), President's Office of Employment Training (POET), and the Department of Public Health (DPH) relocation to Oak Forest Hospital of Cook County.

This project is to renovate floors 3, 4 and 5 (approximately 55,000 square feet) in the existing 'New E' building located at Oak Forest Hospital of Cook County for the relocation and consolidation of offices for the administrative services of the Department of Public Health (CCDPH) currently located in four (4) outlying districts (Oak Park, Forest Park, Oak Forest and Markham) to facilitate department coordination and services and to provide a new satellite Emergency Management Agency (EMA) operations center. The project includes the repair of steam piping and upgrade of restrooms in the POET space.

The project includes, but is not limited to, architectural, structural, hazardous materials, HVAC, electrical, plumbing, fire systems, telecommunications/structured wiring, emergency operations systems and security systems work and Furniture, Fixtures and Equipment (FF&E) services.

\*This firm and its team were found to be well-qualified to perform the complete scope of services at the lowest responsive fee.

This project was included in the 2009 Capital Improvement Program projects approved by the Board of Commissioners on April 2, 2009.

### TERMS OF REQUEST:

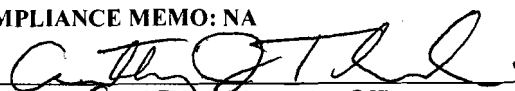
HAS THIS BEEN REVIEWED BY CONTRACT COMPLIANCE? Yes

WHAT PERCENTAGE OF THIS CONTRACT IS MBE /WBE? 0 % MBE 35% WBE

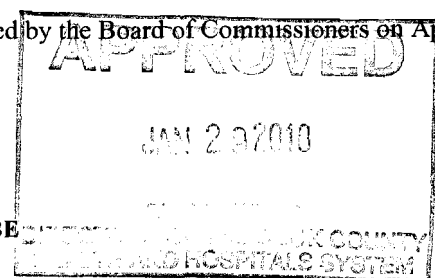
### ATTACHMENTS

BID TABULATIONS: NA

CONTRACT COMPLIANCE MEMO: NA

CCHHS COO:   
Anthony Tedeschi, Chief Operating Officer

CCHHS CFO:   
Michael Ayres, Chief Financial Officer



Request #

2

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• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein CORE Center •

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